

15105 237 197  
PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Residence Trout Creek

Registration District No. \_\_\_\_\_

File No. 103436

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jose Anacabe

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and (Number in order of birth) <u>Second</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 5, 1897</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Cipriano Anacabe  
RESIDENCE Trout Creek  
COLOR White  
AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Spain  
OCCUPATION Stockraiser

MOTHER  
FULL MAIDEN NAME Bibiana Arguinchona  
RESIDENCE Trout Creek  
COLOR White  
AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Spain  
OCCUPATION Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maria Agustinazouenaga  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Jordan Valley, Oregon

Filed July 1923

Registrar



STATE OF IDAHO  
DEPARTMENT OF REVENUE

OFFICE OF THE  
COMMISSIONER

OCT 29 1962

DELAYED

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD.  
N. R.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

865-213-018-55  
PLACE OF BIRTH A 55

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County of Blaine

City of Pierce

RECEIVED  
DEC 6 1922

CERTIFICATE OF BIRTH

No. 107126 State File No. 107126

Hospital State Primary Registration District No. 107126 Local Registrar's No. 107126

FULL NAME OF CHILD Sue Hong

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth <u>1</u> }	Legitimate? <u>Yes</u>	Date of birth <u>Jan. 13 - 1897</u>
				(Month) (Day) (Year)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER FULL NAME <u>Hong Sing</u>	MOTHER FULL MAIDEN NAME <u>Hong See</u>
RESIDENCE <u>China</u>	RESIDENCE <u>Housewife</u>
COLOR <u>Yellow</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>Yellow</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>China</u>	BIRTHPLACE <u>China</u>
OCCUPATION <u>Merchant</u>	OCCUPATION <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was { Born alive } at State M. on the date above stated.

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Reichenbach Agnes

(Physician or midwife)

Give names added from a supplemental report.

Address State

Filed June 2 1922

Waldman  
State Registrar.

Registrar.

APR 20 1950

JUN 7 1950

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of *Shoshone*City of *Mullan*No. *855-100 040-381* St.Hospital *Home*FULL NAME OF CHILD *Walter Hendricks*

## RECEIVED

FEB 7 1924

## BUREAU OF VITAL STATISTICS

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

Registration District No.

State File No. *118562*

Primary Registration District No.

Local Registrar's No.

(Certificate of no value without full name of child)

Sex of Child *Male*Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate? *yes*Date of  
birth*Feb. 9<sup>th</sup> 1891*

(Month) (Day) (Year)

What bactericidal solution was used in eyes? *N.O.*Number of child of this mother, including present birth *1<sup>st</sup>*Number of child of this mother now living, including present birth *1*FULL  
NAME

FATHER

*Robert Hendricks*

RESIDENCE

*Mullan Idaho*

COLOR

*White*AGE AT LAST  
BIRTHDAY*25*

(Years)

BIRTHPLACE

*Prake - Germany*

OCCUPATION

*Booth Keeper*FULL  
MAIDEN  
NAME

MOTHER

*Elizabeth Ann Thatcher*

RESIDENCE

*Mullan Idaho*

COLOR

*White*AGE AT LAST  
BIRTHDAY*21*

(Years)

BIRTHPLACE

*Hopewell N. Y.*

OCCUPATION

*House wife*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive* { *at* *1* *P. M.* }  
on the date above stated.

\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

*Robt. Hendricks*  
*Elizabeth A. Hendricks*

(Physician or midwife)

*Parents*

Address

Filed

*Feb 7.*

1924

*F. W. Almond md*  
*State*

Registrar.

Registrar.

SEP 21 1965

MAY 19 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE

## BUREAU OF VITAL STATISTICS

County of Nez. Perce

MAY 18 1927

City of Waha

## CERTIFICATE OF BIRTH 151379

No. 268712095 235 St. Registration District No. \_\_\_\_\_ State File No. 151379

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Richard Martin Boyer

(Certificate of no value without full name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>  </u>	and { Number in order of birth <u>  </u>	Legitimate? <u>Yes</u>	Date of birth <u>Mar. 12, 1897</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2FULL NAME FATHER Calvin BoyerRESIDENCE Lewiston, Idaho.COLOR White AGE AT LAST BIRTHDAY 37 (Years)BIRTHPLACE Gettysburg, Penn.OCCUPATION FarmerFULL MAIDEN NAME MOTHER Mary Naomi SteenRESIDENCE Lewiston, IdahoCOLOR White AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE Walla Walla, Wash.OCCUPATION Housewife

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at \_\_\_\_\_ N. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Calvin Boyer Father.Elizabeth Steen (Physician and mother.)Address Lewiston, Idaho.Filed May 1927Registrar. Over

Registrar.

Names and addresses of persons who are acquainted with information given on reverse side hereof:

William Williams, Clarkston, Wash.

Martin Boyer, Lewiston, Idaho.

Rosa Boyer, Lewiston, Idaho.

## A F F I D A V I T

STATE OF IDAHO )  
COUNTY OF NEZ PERCE ) ss.

Mary Naomi Boyer, being first duly sworn, upon her oath says; I am a citizen of the United States of America fifty-six years of age. My post office address is Lewiston, Idaho.

I am the mother of Richard Martin Boyer, whose birth certificate is hereto attach. My said son was born at Lewiston, Idaho on March 12, 1897. His father's name is Calvin Boyer. I have read the birth certificate hereto attach and know of my own knowledge of the facts therein stated are true.

Mary Naomi Boyer

Subscribed and sworn to before  
me this---~~10th~~---day of May, 1927.

My Carley  
Notary Public

Residing at Lewiston, Idaho.



1944

1. The first part of the report is a general statement of the work done during the year. It is a summary of the work done by the various departments and is intended to give a general impression of the work done during the year.

2. The second part of the report is a detailed statement of the work done during the year. It is a summary of the work done by the various departments and is intended to give a general impression of the work done during the year.

3. The third part of the report is a detailed statement of the work done during the year. It is a summary of the work done by the various departments and is intended to give a general impression of the work done during the year.

4. The fourth part of the report is a detailed statement of the work done during the year. It is a summary of the work done by the various departments and is intended to give a general impression of the work done during the year.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 6 1927

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Natah

No. —

St. —

Registration District No. —

State File No. 156487

Hospital —

Primary Registration District No. —

Local Registrar's No. 156487

FULL NAME OF CHILD Julia Francis Lapp

(Certificate of no value without full name of child)

Sex of Child Female

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

Legiti-  
mate? yes

Date of  
birth June 27 1897

(To be answered only in event of plural births)

(Month) (Day) (Year)

What bactericidal solution was used in eyes? No

Number of child of this mother, including present birth 3

Number of child of this mother now living, including present birth 3

FULL  
NAME

FATHER

John Herman Lapp

FULL  
MAIDEN  
NAME

MOTHER

Susan Strahl

RESIDENCE

Kendrick

RESIDENCE

Kendrick

COLOR

White

AGE AT LAST  
BIRTHDAY

33  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

22  
(Years)

BIRTHPLACE

New York

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive }  
on the date above stated. { Stillborn } at 11 am. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

John B Lapp  
Susan Lapp

(Physician or midwife)

Address

Paso Robles California

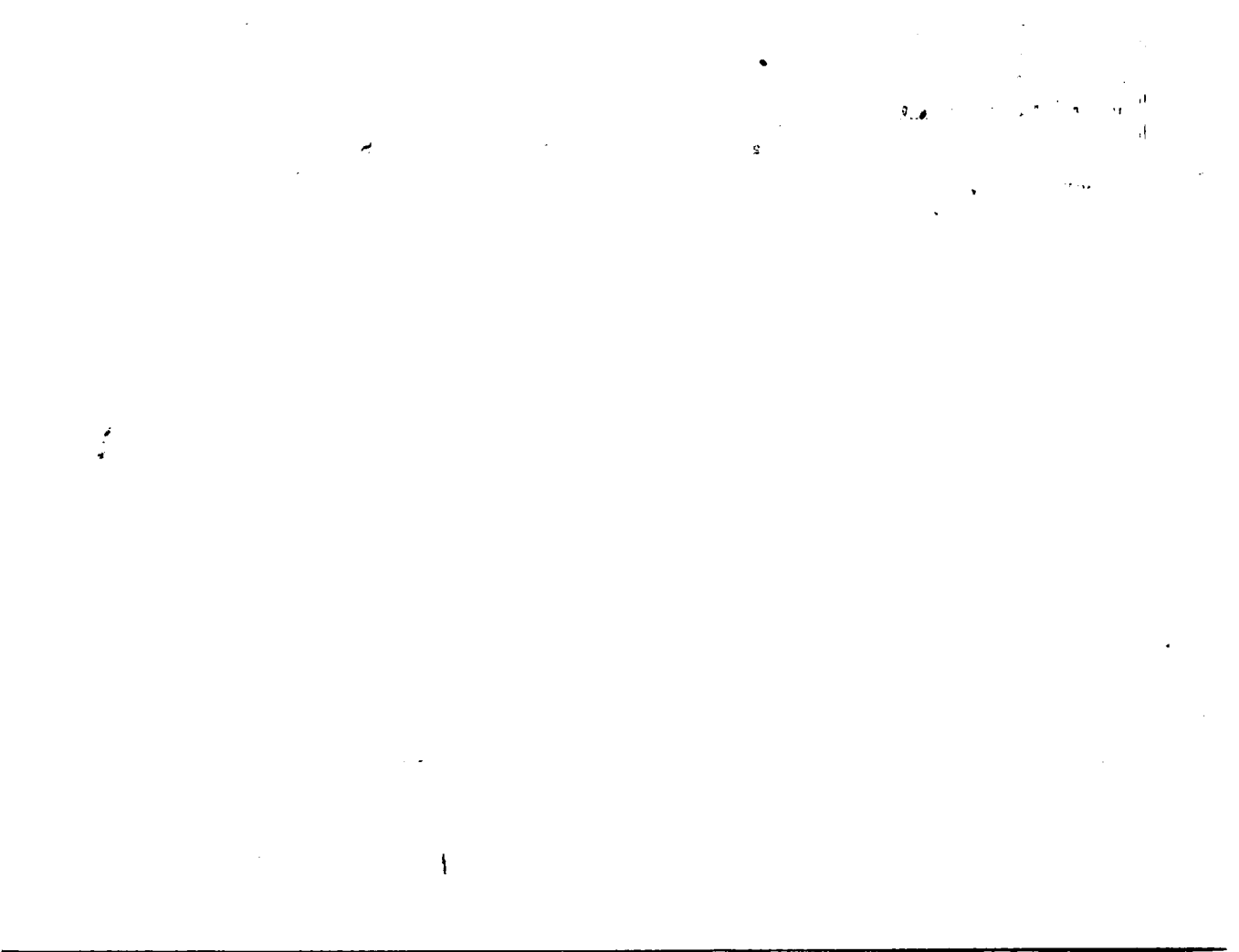
Filed

DEC 6 1927

192

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. H.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

PLACE

RECEIVED

APR 18 1928

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

160550

160550

County of Gooding

City of Gooding

No. 818-116-024-231 St.

Registration District No. State File No.

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Elmer John Haydon

(Certificate of no value without full name of child.)

Sex of Child Male	Twin Triplet or other? { and } Number in order of birth	Legitimate? Yes	Date of birth May 16, 1897
	(To be answered only in event of plural births)		(Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER FULL NAME John Milton Haydon	MOTHER FULL MAIDEN NAME Rosa Stanton
RESIDENCE Gooding, Idaho	RESIDENCE Gooding, Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Grassy Lick, Kentucky	BIRTHPLACE Lewiston, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } at 11 o'clock P. M.  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs. C. W. Mainard

Midwife

(Physician or midwife)

Address Hagerman, Idaho

Filed APR 18 1928 David Burrall

Registrar.

Registrar.

DEPARTMENT OF PUBLIC WELFARE  
OFFICE OF THE  
DIRECTOR

APR 16 1958

RECEIVED

OFFICE

100-100000

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. .... St. Registration District No. .... State File No. ....

Hospital. .... Primary Registration District No. .... Local Registrar's No. ....

FULL NAME OF CHILD Elmer John Haydon

(Certificate of no value without full name of child.)

Sex of Child	<u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate?	<u>Yes</u>	Date of birth	<u>May 16,</u>	<u>1897.</u>
						(Month)	(Day)	(Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	<u>John Milton Haydon</u>	FULL MAIDEN NAME	<u>Rosa Stanton</u>
RESIDENCE	<u>Gooding, Idaho</u>	RESIDENCE	<u>Gooding, Idaho.</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>30</u> (Years)	AGE AT LAST BIRTHDAY	<u>18</u> (Years)
BIRTHPLACE	<u>Grassy Lick, Kentucky.</u>	BIRTHPLACE	<u>Lewiston, Idaho,</u>
OCCUPATION	<u>Farmer.</u>	OCCUPATION	<u>Housewife.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 o'clock P.m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) x Mrs. Rosa Haydon  
Mother  
(Physician or midwife)

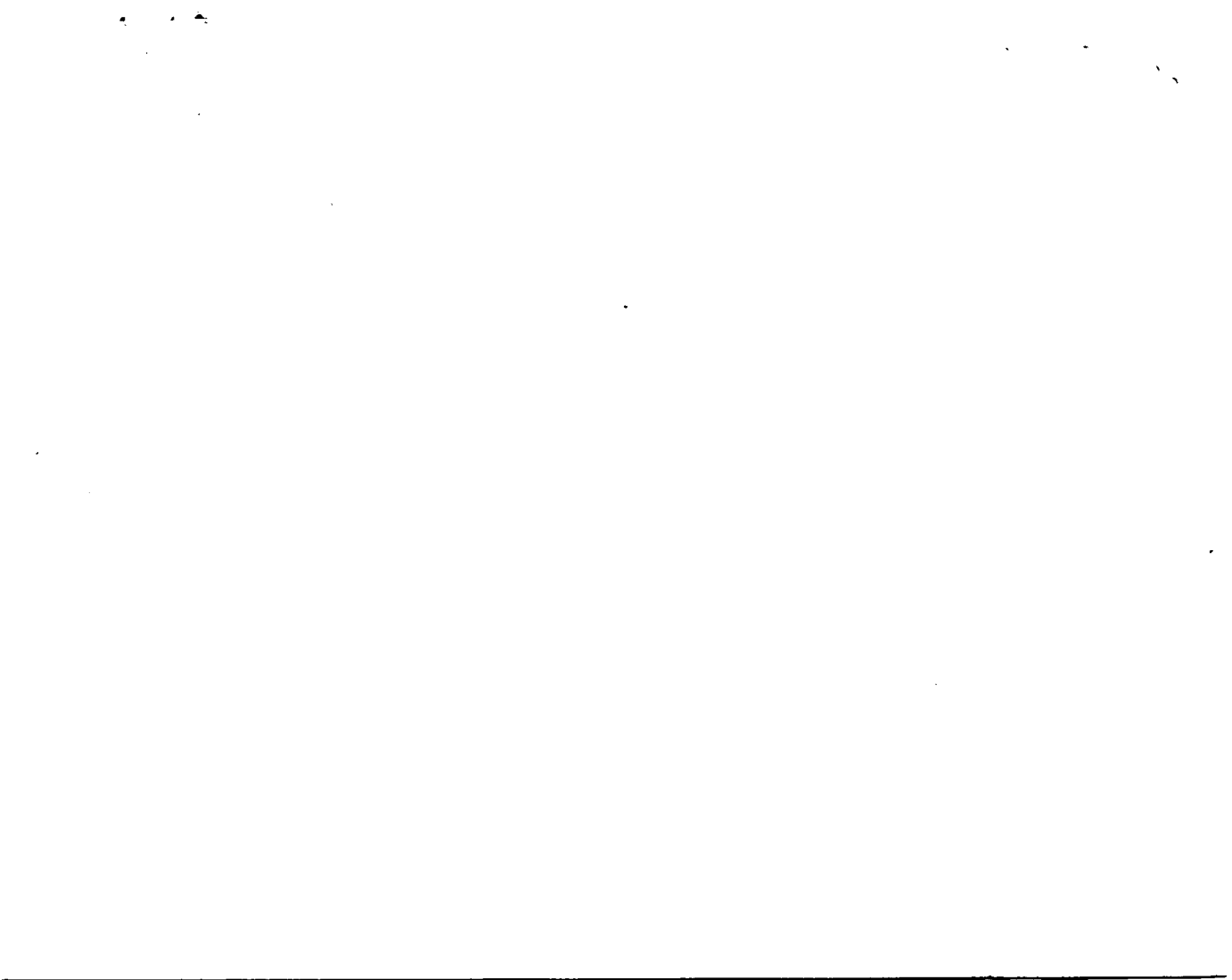
Give names added from a supplemental report.

Address Gooding, Idaho.

Filed ..... 192 .....

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai  
City of St. Maries, Idaho

No. 963 18-028 113 St.

(If born in hospital or institution  
give name.)

RECEIVED APR 4 1929

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2049 State File No. 192443

Prim. Registration District No. Local Registrars No.

FULL NAME OF CHILD August Rochat

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>August 18</u> <u>1897</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER FULL NAME <u>Paul Rochat</u>	MOTHER FULL MAIDEN NAME <u>Loah Jacot</u>
--	--

Residence (Usual place of abode) St. Maries, Idaho St. Maries, Ida.

If nonresident, give place and State

Color or race White Age at last Birthday 29 21

Birthplace St. Paul, Minnesota Canton Neuchatel, Switzer-

(City and State or Country) (City and State or Country)

Occupation Farmer Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive }  
on the date above stated. { Stillborn } at 5 A. M.

(Signature) Paul Rochat

(Physician or midwife)

Address St. Maries, Idaho

Filed APR 4 1929 L. H. Macey

State Registrar

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.



JUN 16 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECORDED JUN 12 1930 STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Boone  
City of Loftsbay  
No. 292 107 028-259 St.

CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. 180932  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Raymond Bishop  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of birth <u>Nov. 9, 1897</u> 19____ (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead None Stillborn None

FATHER FULL NAME <u>William Henry Bishop</u>	MOTHER FULL MAIDEN NAME <u>Lena Bergloft</u>
---	---

Residence (Usual place of abode) <u>Loftsbay, Idaho</u>	Residence (Usual place of abode) <u>Loftsbay, Idaho</u>
---	---

It non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>White</u> Age at last Birthday <u>27</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>22</u> (Years)
---	---

Birthplace <u>Decorah, Wisconsin</u> (City and State or County)	Birthplace <u>Fort Collins, Colorado</u> (City and State or County)
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Occupation <u>Farmer</u>	Occupation <u>Housewife</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I am the father and attended the birth of this child, who was Born alive at \_\_\_\_\_ M.  
on the date above stated. Stillborn

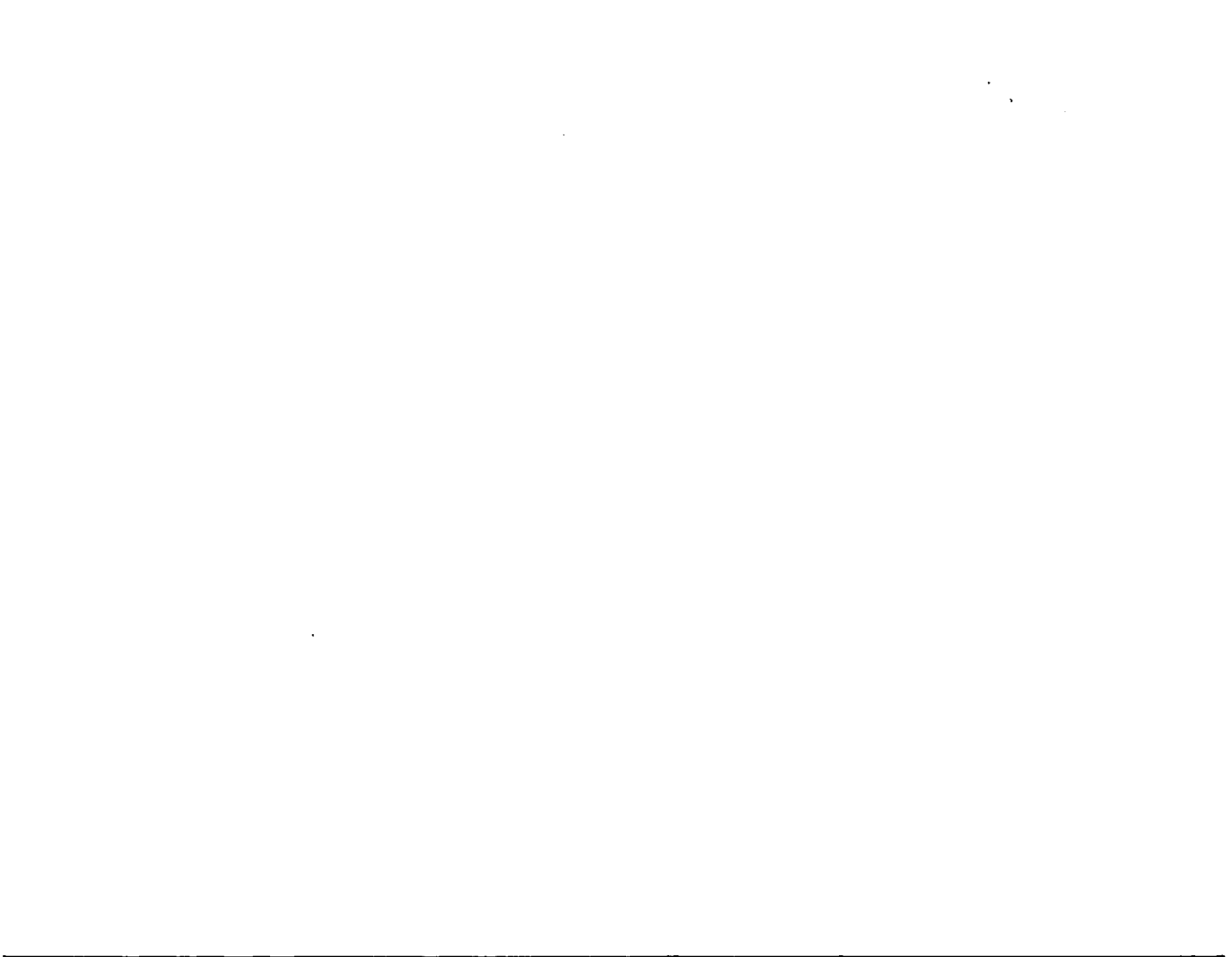
(Signature) \_\_\_\_\_

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Father  
(Physician or midwife)

Address Route 2 Box 12 Hoquiam, Wn.

Filed June 13, 1930 Bessie M. Lepper  
State Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

655-219028 434

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **202604**

1. PLACE OF BIRTH  
County of Kootenai  
City of Rathdrum  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Frances Mae Henry

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec. 19, 1932</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Frank Henry</u> FATHER	18. Full maiden name <u>Sarah Mc Millan</u> MOTHER
---	---

10. Residence (usual place of abode) <u>Rathdrum Idaho</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Rathdrum Idaho</u> (If non-resident, give place and State)
---	---

11. Color or race <u>wh.</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>wh.</u>	21. Age at last birthday <u>34</u> (years)
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13. Birthplace (city or place) <u>Otterberg, Germany</u> (State or country)	22. Birthplace (city or place) <u>Argyleshire, Scotland</u> (State or country)
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Surgeon</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work <u>Continuously</u> , 19____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks	29. Cause of stillbirth _____	Before labor _____	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 A. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank Henry, M. D.

or Rathdrum, Idaho Midwife

Address \_\_\_\_\_

Filed July, 1932

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

Registrar.

FEB 24 1966

DELAYED

RECEIVED NOV 7 1932

206752

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 206752

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 112-224040-693 St.

(If born in hospital or institution give name.)

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Yeneta Williams Jasper

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Nov 24 1899 (MONTH, DAY, YEAR)

9. Full name FATHER Martin Jasper 18. Full maiden name MOTHER Mary Williams

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Ida 19. Residence (usual place of abode) (If non-resident, give place and state) Kellogg, Ida

11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Idaho 22. Birthplace (city or place) (State or country) Kansas

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concentrator man 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining 16. Date (month and year) last engaged in this work April 1919 17. Total time (years) spent in this work 20 1/2 OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None 25. Date (month and year) last engaged in this work Nov 19 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, { months } Before labor \_\_\_\_\_ period of gestation { or weeks } 29. Cause of stillbirth \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) F. B. Matchett, M. D.

or My. J. P. Nelson, Midwife

Address Kellogg, Ida

Filed Nov 1932

Registrar.

Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH **RECEIVED** MAR 25 1933

County of Payette  
City of Payette  
No. 893-21504632 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **210395**

(If born in hospital or institution give name.)  
893-21504632

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD

Eva Mary Hill

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>march 15, 1897</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER  
FULL NAME John Hill  
Residence (Usual place of abode) Payette, Ida  
If non-resident, give place and State  
Color or race white Age at last birthday 33 (Years)  
Birthplace Sweden (City and State or County)  
Occupation Retired Farmer

MOTHER  
FULL MAIDEN NAME Emma Olsen  
Residence (Usual place of abode) Payette, Ida  
If non-resident, give place and State  
Color or race white Age at last birthday (Years)  
Birthplace (City and State or County)  
Occupation Retired Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } at { Stillborn } M.  
on the date above stated.

(Signature) John Hill

Father  
(Physician or midwife)

Address New Plymouth, Ida

Filed 19 Registrar.

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)



OCT 25 1968

People living here yet  
who know of Mary's  
birth is

Mrs Bonnie Olsen

Mrs Mill Riene

Mrs Mill Riene

Mrs Elsie Peterson

all of Fayette, Ia.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

253 118 014 264  
1. PLACE OF BIRTH

County of Canyon  
City of Emmett  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **210412**

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Berle Estance Kelley

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept 18 1899</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>yes</u>		

FATHER		MOTHER	
9. Full name <u>Milton Estance Kelly</u>		18. Full name <u>Laura Francis Nomack</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Emmett</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Emmett</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>27</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) (State or country) <u>Emmett, Ida.</u>		22. Birthplace (city or place) (State or country) <u>Emmett, Ida.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Woodsman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

28. If stillborn, { months } Before labor \_\_\_\_\_  
period of gestation { or weeks } During labor \_\_\_\_\_

29. Cause of stillbirth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2 P. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) Laura Francis Kelley, M. D.

or Mother, Midwife

Address Cascade Ida.

Filed Apr. 10, 1932

Registrar.

Registrar.

{ When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }

Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)

JAN 10 1942

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED APR 20 1933

County of Custer  
City of Houston  
No. .... St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

211486

735123 019-795 Registration District No. .... State File No. ....  
(If born in hospital or institution give name.) Prim. Registration District No. .... Local Registrar's No. ....

FULL NAME OF CHILD

John Wardley Greene  
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of birth <u>Sept. 23</u> , <u>1897</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth three (a) Born alive and now living yes  
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME <u>John Hammond Greene</u>	FULL MAIDEN NAME <u>Medora B. Greco</u>
Residence (Usual place of abode) <u>Houston</u>	Residence (Usual place of abode) <u>Hazlet</u>
If non-resident, give place and State <u>Idaho</u>	If non-resident, give place and State <u>Idaho</u>
Color or race <u>white</u> Age at last birthday <u>47</u> (Years)	Color or race <u>white</u> Age at last birthday <u>39</u> (Years)
Birthplace <u>South Bend, Indiana</u> (City and State or County)	Birthplace <u>Orion, Henry Co. Ill.</u> (City and State or County)
Occupation <u>Merchant</u>	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive }  
on the date above stated. { Stillborn } at 4 A. M.

(Signature) Medora B. Greco  
(Midwife)  
(Physician or midwife)

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Address Blackfoot, Idaho  
Filed apr 19 33 Registrar.

JUL 2 1943

Mr Chas. Baker

Mr J. H. Baxter

Mrs C. C. Davidson

MacKay. Idaho.

Dr J. W. Gue was in attendance.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OR DATE RECEIVED MAY 8 1933  
County of East of Farmington  
City of Latah

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

211660

CERTIFICATE OF BIRTH

No. 249-1181024-418 St.

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Chas. Wesley Smith

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin <u>no</u> Triplet <u>no</u> or other? <u>no</u>	and } Number in order of birth <u>2nd</u>	Legitimate? <u>yes</u>	Date of birth <u>Sept. 18, 1933</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Good care only

Number of child of this mother, including present birth 2nd (a) Born alive and now living yes

Born alive but now dead \_\_\_\_\_ Stillborn \_\_\_\_\_

FATHER FULL NAME <u>Robert Patton Smith</u>	MOTHER FULL MAIDEN NAME <u>Eva Bell May</u>
--	--

Residence (Usual place of abode) <u>Farmington, Idaho</u>	Residence (Usual place of abode) <u>Farmington, Idaho</u>
If non-resident, give place and State _____	If non-resident, give place and State _____

Color or race <u>White</u>	Age at last birthday <u>25</u> (Years)
----------------------------	--

Birthplace <u>Chenango, Iowa</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
---	--

Occupation <u>Farmer</u>	Occupation <u>Housewife</u>
--------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive }  
on the date above stated. { Stillborn } at 2 P. M.

(Signature) R. B. Smith

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Father  
(Physician or midwife)

Address Salmon, Idaho Route 4

Filed May 1933

Registrar.

NOV 26 1963

Miss Jane M. G. Gifford Dr.  
For Miss M. Gifford Dr.  
D. J. Smith, 4111 1/2 1st St. N.E.,  
Washington, D.C.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
use of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

RECEIVED APR 17 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

211817

County of Shoshone

City of Wallace

No. 103 Cedar St.

432-131-040-363

Registration District No. 70 State File No. \_\_\_\_\_

(If born in hospital or institution  
give name.)

Prim. Registration District No. 1111 Local Registrar's No. 143

FULL NAME OF CHILD Joe Carson McKissick

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of birth <u>12</u> <u>31</u> <u>1897</u> (Month) (Day) (Year)
--------------------------	---	-------	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 1 (a) Born alive and now living Yes

Born alive but now dead No Stillborn No

FATHER FULL NAME <u>David Carson McKissick</u>	MOTHER FULL MAIDEN NAME <u>Madeline Joe Colborn</u>
---	--

Residence (Usual place of abode) 103 Cedar St. Wallace Idaho

If nonresident, give place and State \_\_\_\_\_

Color or race White Age at last Birthday 45 (Years)

Birthplace City of Jordan New York (City and State or Country)

Occupation \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } at 3 A.M.  
on the date above stated.

(Signature) [Signature]

\*Where there was no attending physician



STATE OF IDAHO        )  
                              ) SS  
COUNTY OF SHOSHONE )

MARY E. STONE, being first duly sworn, upon her oath, deposes and says that she is a citizen of the United States, and a resident of Wallace, Shoshone County, State of Idaho.

That she was a resident of Wallace, Idaho, on December 31st, 1897, living but two doors from the residence of David Carson McKissick; that she knows of her own knowledge that the matters contained in the attached Certificate of Birth of Joe Carson McKissick, are true and correct; that said birth was attended by Dr. W. S. Sims, a practicing physician then residing in Wallace, Idaho.

That she makes this affidavit for the purpose of establishing the date and birthplace of the said Joe Carson McKissick, in the absence of a public record.

Mary E. Stone

Subscribed and sworn to before me at Wallace, Idaho, this 14th day of April, A.D. 1933.

Harold A. Rogers

Clerk of the District Court of the First Judicial District  
of the State of Idaho, to-wit: for Shoshone County.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED MAY 27 1933

County of Owyhee  
City of Silver City

No. 795-206-037-366 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 212578

FULL NAME OF CHILD Nelle Nadine Grete  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	{ and } Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>July 6</u> , <u>1897</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth three (a) Born alive and now living three

Born alive but now dead      Stillborn     

FATHER  
FULL NAME Fred Grete  
Residence (Usual place of abode) Silver City, Idaho  
If non-resident, give place and State       
Color or race White Age at last birthday 66 (Years)  
Birthplace Silver City, Owyhee Co., Idaho  
(City and State or County)  
Occupation     

MOTHER  
FULL MAIDEN NAME Charlotte Emily Townsend  
Residence (Usual place of abode) Silver City, Idaho  
If non-resident, give place and State       
Color or race White Age at last birthday 59 (Years)  
Birthplace Silver City, Owyhee Co., Idaho  
(City and State or County)  
Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } at      M.  
on the date above stated. { Stillborn }

(Signature) Charlotte E. Grete

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Physician or midwife) mother

Address Silver City, Idaho.

Filed May 1933

Registrar.

SEP 2 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

835-208-001-791

PLACE OF BIRTH

County of Ada  
City of Boise Valley, Idaho  
No. .... St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

2/19052

CERTIFICATE OF BIRTH **219052**

Registration District No. .... State File No. ....  
Prim. Registration District No. .... Local Registrar's No. ....

FULL NAME OF CHILD Velma Kay Stevens  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Female	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>July 9, 1897</u>	19
						(Month) (Day) (Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living yes  
Born alive but now dead ..... Stillborn .....

FATHER  
FULL NAME Addison A. Stevens  
Residence (Usual place of abode) Boise Valley, Ida.  
If non-resident, give place and State .....  
Color or race White Age at last birthday 29  
Birthplace Wentworth, Nova Scotia (Years)  
(City and State or County)  
Occupation farmer

MOTHER  
FULL MAIDEN NAME Zema A. Graham  
Residence (Usual place of abode) Boise Valley, Ida.  
If non-resident, give place and State .....  
Color or race White Age at last birthday 19  
Birthplace Auburn, Oregon (Years)  
(City and State or County)  
Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } at ..... M.  
on the date above stated. { Stillborn }

(Signature) Rebecca J. Graham

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Grand Mother (Physician or midwife)  
Address Route 1 Boise Idaho  
Filed 3-7-34 19..... Registrar.

JUL 25 1968

Mrs. Annie Montgomery  
616 N. Pierce St.  
Boise, Idaho

Mrs. Daisy Albel  
Heppner, Oregon

Mrs. Ella Lakey  
Route #1  
Boise, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of Boashe Cassia  
City of Three Creeks

No. 964 222 016 237 St.

(If born in hospital or institution give name.)

FULL NAME OF CHILD

Daisy Evelyn Hodge

(If stillborn, substitute the word "Stillborn" for name of child)

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

225497

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth <u>Oct-22</u> , 189 <u>7</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth first (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER  
FULL NAME William Hodge  
Residence (Usual place of abode) Three Creeks  
If non-resident, give place and State  
Color or race white Age at last birthday 29 (Years)  
Birthplace Minnesota (City and State or County)  
Occupation Farmer

MOTHER  
FULL MAIDEN NAME Iota Lema Strickland  
Residence (Usual place of abode) Three Creeks  
If non-resident, give place and State  
Color or race white Age at last birthday 28 (Years)  
Birthplace Greenock, Missouri (City and State or County)  
Occupation

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive }  
on the date above stated. { Stillborn } at 5-0 clock p.m.

(Signature) Mrs. Iota L. HodgeMother  
(Physician or midwife)Address 144 N. Parmitte WhitfieldFiled 1907 19. Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. E. W. Johnson Atlanta Idaho  
" Irma Grabb Mountain Home "  
Mr. Roy Hodge 701 Asycave  
Engelwood Calif.

1901

8 11.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAR 8 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

229398

CERTIFICATE OF BIRTH

229398

1. PLACE OF BIRTH  
County Blaine (Now Camas)  
City of Idaho 8/2-22-007-253  
No. Idaho St.  
(If born in hospital or institution give name.)

Registration District No.                      State File No.                       
Prim. Registration District No.                      Local Registrar's No.                     

2. FULL NAME OF CHILD Ethel Hastings

3. <u>Female</u>	If plural births <u>                    </u>	4. Twin, triplet, or other <u>                    </u>	6. Premature <u>                    </u>	7. Legitimate <u>                    </u>	8. Date of birth <u>May 21 1897</u> (Month, Day, Year)
		5. Number, in order of birth <u>                    </u>	Full term <u>                    </u>	mate <u>X</u>	

9. Full name Fred W. Hastings  
10. Residence (usual place of abode) Idaho  
(If non-resident, give place and State) Idaho  
11. Color or race White  
12. Age at last birthday 38 (years)  
13. Birthplace (city or place) Chelsea Mich.  
(State or country)

OCCUPATION

18. Full maiden name Florence G. Best  
19. Residence (usual place of abode) Idaho  
(If non-resident, give place and State) Idaho  
20. Color White  
21. Age at last birthday 27 (years)  
22. Birthplace (city or place) Salesbury Mo.  
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch  
16. Date (month and year) last engaged in this work Still Engaged  
17. Total time (years) spent in this work 13 years

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home  
25. Date (month and year) last engaged in this work Still Engaged  
26. Total time (years) spent in this work 13 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living                      (b) Born alive but now dead None (c) Stillborn none  
29. If stillborn, period of gestation No. months or weeks                       
30. Cause of stillbirth No. Before labor                      During labor                     

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3.40 at A. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report                       
(Date of)

Registrar.

(Signed) Fred W. Hastings, M. D.  
or                      Father  
Address Wendell Idaho  
Filed March 3rd., 1935  
Registrar.



Mrs. J. W. Minear. 1343 West 14th, Street San Pedro. Calif.

Mrs Mary Barton. Wendell Idaho

Mr. John Wardrop. Fairfield Idaho

Mrs. John Wardrop. Fairfield Idaho

SEP 1

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

290-204-  
029-294  
1. PLACE OF BIRTH  
County of Latah, Idaho  
City of Kendrick  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

230170

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Loca<sup>l</sup> Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Veve Bethune Kidwell

3. Sex female If plural { 4. Twin, triplet, or other twin 6. Premature \_\_\_\_\_ 7. Legiti- 8. Date of  
births { 5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ mate? yes birth Aug 4 1897  
(Month, Day, Year)

9. Full name FATHER Charles Henry Kidwell

18. Full maiden name MOTHER Nannie Kidwell

10. Residence (usual place of abode)  
(If non-resident, give place and State) Kendrick

19. Residence (usual place of abode)  
(If non-resident, give place and State) Kendrick, Idaho

11. Color or race white | 12. Age at last birthday 21 (years)

20. Color or race white | 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Shelbina Mo.  
(State or Country)

22. Birthplace (city or place) Peachmont  
(State or Country) Virginia

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe merchant

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 4 yrs.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 360 days

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
two (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 P. m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Mrs Nannie Kidwell - "mother"

or \_\_\_\_\_, Midwife

Address Laurier

Filed Mar 18, 1935

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Dr W. A. Bothwell  
(Date of) \_\_\_\_\_

Names of three people who knew of the birth.  
Mrs Minnie Hise Laurier, Wash.  
Mrs Mary Truffer Independence, Ar.  
Mrs Laura Oliver, Albany, Ar.

TWIN

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Latah Idaho  
City of Rendrick  
No. 294704029/294 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

230790

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Vernon Bernard Kidwell

3. Sex male If plural births { 4. Twin, triplet, or other twini 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Aug 4, 1897  
(Month, Day, Year)

9. Full name FATHER Charles Henry Kidwell 18. Full maiden name MOTHER Hannie Kidwell

10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_ 19. Residence (usual place of abode) (If non-resident, give place and State) Rendrick Idaho

11. Color or race white 12. Age at last birthday 3 (years) 20. Color or race \_\_\_\_\_ 21. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Shelbina Mo. 22. Birthplace (city or place) (State or Country) Pocahontas Virginia

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe-dealer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 4 yrs 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 865 days

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) three  
(a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 3/4 p. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
(Signed) Mrs. Hannie Kidwell mother

Give name added from a supplemental report Dr. W. A. Rothwell or \_\_\_\_\_, Midwife  
(Date of) \_\_\_\_\_ Address Laurier Wash

Filed Mar 18, 1935

Registrar.

Registrar.

Names of three people who know of his birth.  
Mrs Minnie Har Laurie Wash  
Mrs Mary Tupper, Independence Ar.  
Mrs Laura Oliver Albany Ar.

5/12/41 L. S.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

553-125 014 364  
 1. PLACE OF BIRTH  
 County of Canyon  
 City of Nampa  
 No. \_\_\_\_\_ St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE **231928**  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

Registration District No. \_\_\_\_\_ State File No. 231928

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Edwin Grosvenor Nettleton, Jr.

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other.	5. Number, in order of birth.	6. Premature.	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept 25 1897</u> (Month, Day, Year)
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9. Full name <u>Edwin Grosvenor Nettleton</u>	FATHER	18. Full maiden name <u>Eliza Lomax</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Idaho</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>37</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>37</u> (years)
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13. Birthplace (city or place) (State or country) <u>East Claridon Ohio</u>	22. Birthplace (city or place) (State or country) <u>Bureau County Illinois</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Civil engineer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>teacher</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
--	--

16. Date (month and year) last engaged in this work <u>May 1895</u>	17. Total time (years) spent in this work <u>12</u>	25. Date (month and year) last engaged in this work <u>June 1895</u>	26. Total time (years) spent in this work <u>10</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation _____	months or weeks	30. Cause of stillbirth _____	Before labor _____	During labor _____
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eliza L. Nettleton Mother

or \_\_\_\_\_, Midwife

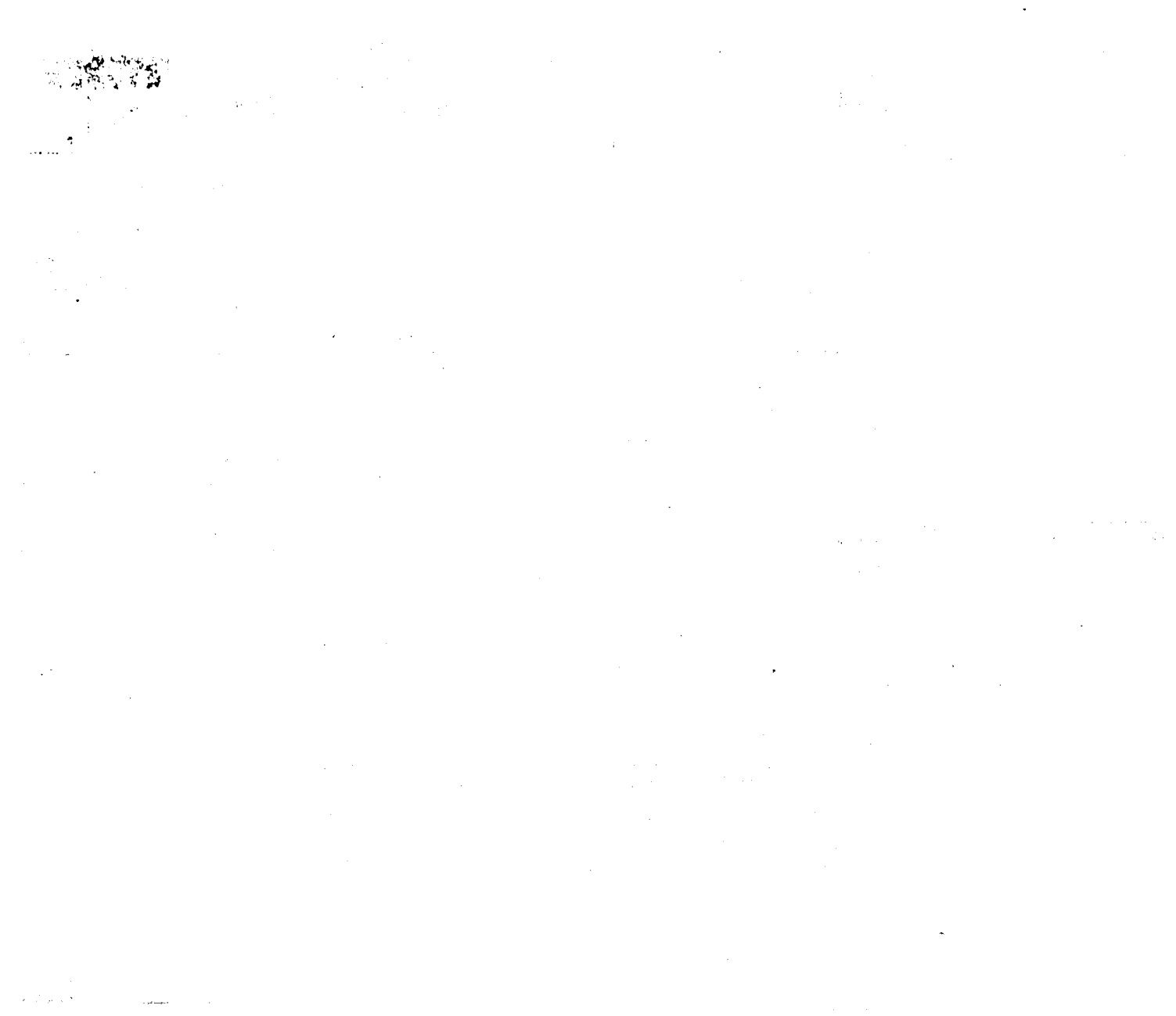
Give name added from a supplemental report \_\_\_\_\_

(Date of)

Address Nampa, IdahoFiled 4-30-1935

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-205-025-619  
PLACE OF BIRTH

STATE OF IDAHO 235766  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Idaho

City of Grangeville

No. 235766 Registration District No. 103 State File No.

Hospital SEPT 22 1935 Primary Registration District No. 2181 Local Registrar's No.

FULL NAME OF CHILD Clara Edith Cowgill (Cowgill)  
(Certificate of no value without full name of child)

Sex of Child Female Twin Triplet or other? and { Number in order of birth } Legiti- mate? yes Date of birth 1-5-1899  
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 4

FATHER  
FULL NAME George Albert Cowgill  
RESIDENCE Grangeville Ida  
COLOR white AGE AT LAST BIRTHDAY 36  
(Years)  
BIRTHPLACE Wis.  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Grace Warren  
RESIDENCE Grangeville Ida  
COLOR white AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Oregon  
OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Grace Cowgill, mother  
Mary E. Pugh, midwife  
(Physician or midwife)

Address \_\_\_\_\_  
Filed Sept. 23 1935 Pearl Dillingham  
Registrar.

Registrar.



7-17-41

457 212044-457

1. PLACE OF BIRTH  
County of Washington  
City of Weiser  
No. \_\_\_\_\_ St. \_\_\_\_\_

DEC 6-1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

237559

CERTIFICATE OF BIRTH 237559

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Mona Degity

3. Sex 7 If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? 1 8. Date of birth Oct 12, 1897 (Month, Day, Year)

9. Full name George Degity FATHER  
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idah.  
11. Color or race W. 12. Age at last birthday 35 (years)  
13. Birthplace (city or place) (State or Country) Kansas City Mo.

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 3 yrs

18. Full maiden name Aela Mand Degity MOTHER  
19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho  
20. Color or race W. 21. Age at last birthday 23 (years)  
22. Birthplace (city or place) (State or Country) Weiser Idaho

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) Two  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Born Alive or Stillborn)  
(Signed) Joseph R. Numbers, M. D.  
or \_\_\_\_\_, Midwife  
Address Weiser-Fluss, New Boise

(Date of) \_\_\_\_\_

Filed 12/6/35, 193 \_\_\_\_\_

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

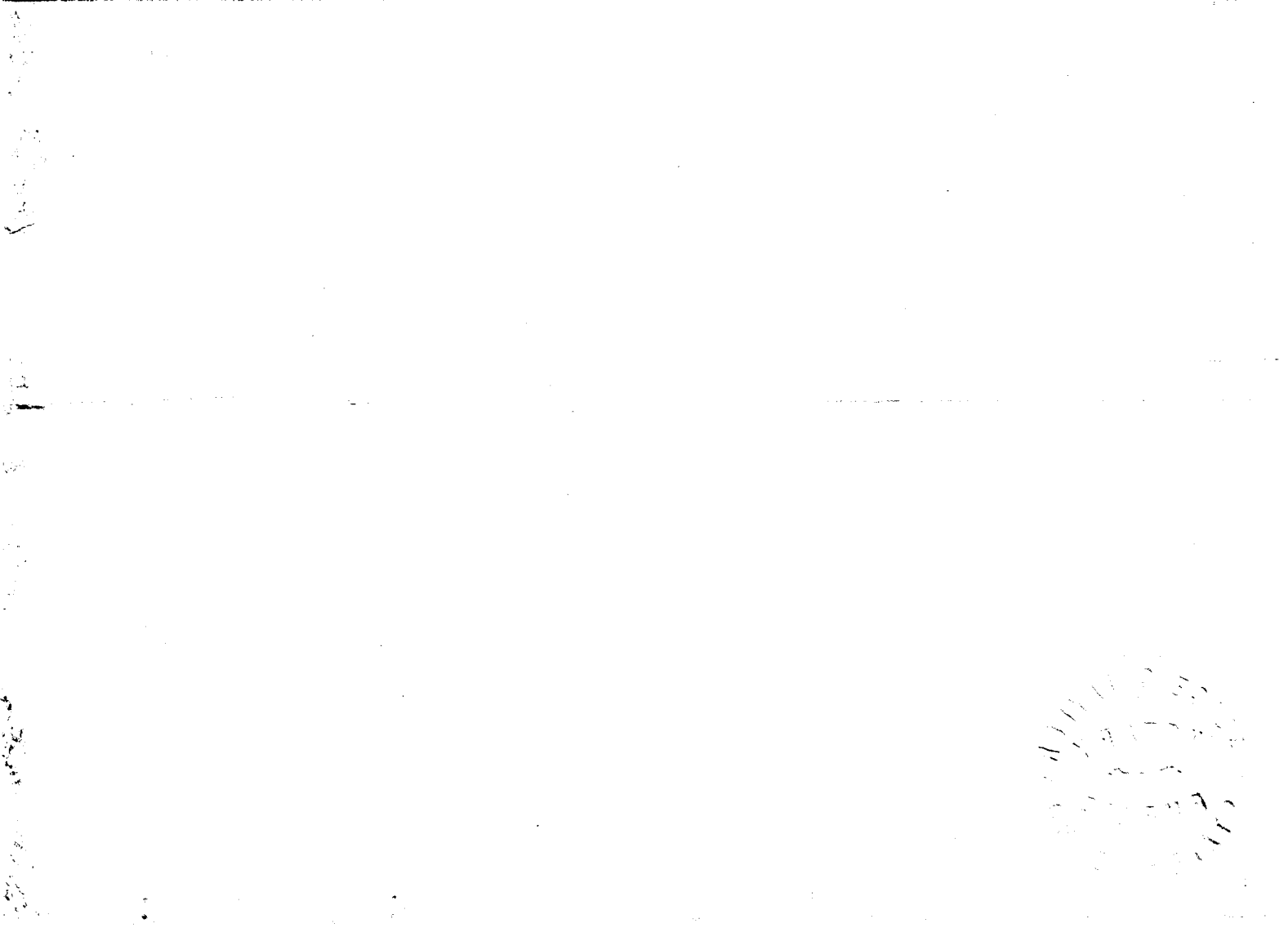
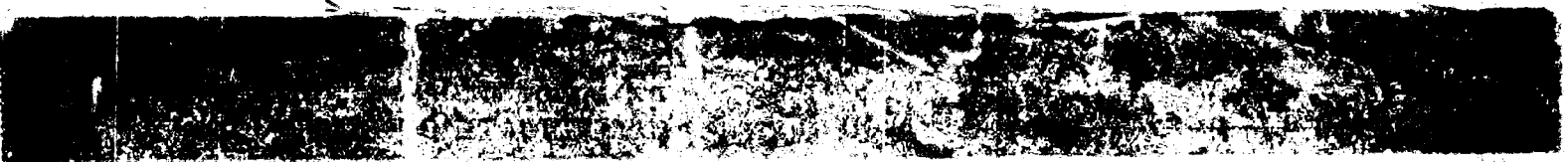
515-223 029 264  
PLACE OF BIRTH  
County of Idaho  
City of Moscow  
No. R.F.D. no 75 1936 RECEIVED  
Registration District No. \_\_\_\_\_ State File No. 238412  
(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
2. FULL NAME OF CHILD Lana Alola Vande Venter  
3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term X 7. Legitimate? Yes 8. Date of birth June 23-1897 (Month, Day, Year)  
9. Full name FATHER Edgar W. Vande Venter 18. Full maiden name MOTHER Ida Ann South  
10. Residence (usual place of abode) Moscow, Idaho 19. Residence (usual place of abode) Moscow, Idaho  
(If non-resident, give place and State) (If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 28-32 (years) 20. Color or race White 21. Age at last birthday 28-32 (years)  
13. Birthplace (city or place) Panora, Iowa 22. Birthplace (city or place) Panora, Iowa  
(State or Country) (State or Country)  
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work lifetime 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child) four  
(a) Born alive and now living yes (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ } 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_ }  
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was alive June 23-1897 at 9:00 P. M. on the date above stated.  
(Born Alive or Stillborn) \_\_\_\_\_  
(Signed) Edgar W. Vande Venter Father, M. D.  
or Ida Ann Vande Venter Mother \_\_\_\_\_  
Address Spokane Wash. State, No. 5  
Filed Jan, 1936 Jan 2 Registrar.  
(Date of) \_\_\_\_\_

Mrs Ethel Mc Intyre Spokane Wash Route no 5-  
Mr W.A. Buchanan - La Grande Oregon, 1913 Wash, Ave  
Mrs Eva Robenett - Moscow, Ida Route no 2.

(all now living + present addresses)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Cassia</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Oakley</u>		BUREAU OF VITAL STATISTICS	
No. <u>None</u> St. _____		CERTIFICATE OF BIRTH <b>239240</b>	
Registration District No. _____		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Laura Maud Tatro</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>1st</u>	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Feb 16, 1907</u> (Month, Day, Year)			
9. Full name FATHER <u>Joseph Fred Tatro</u>		18. Full maiden name MOTHER <u>Angelica Kathrine Jensen Tatro</u>	
10. Residence (usual place of abode) <u>Oakley, Ida</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Oakley, Ida</u> (If non-resident, give place and State)	
11. Color or race <u>white</u>		12. Age at last birthday <u>54</u> (years)	
20. Color or race <u>white</u>		21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) <u>New York</u> (State or Country)		22. Birthplace (city or place) <u>Skarndal, Norway</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>General</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work <u>May</u> , 19 <u>00</u>
17. Total time (years) spent in this work <u>approximately 30 yrs</u>		26. Total time (years) spent in this work <u>four</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother _____ (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>none</u> (c) Stillborn <u>none</u>			
29. If stillborn, period of gestation _____ { months _____ or weeks _____		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9 a</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>Laura C. Albee</u>	
Give name added from a supplemental report _____		or <u>Nurse</u> _____, Midwife	
(Date of) _____		Address <u>Kimberly, Idaho</u>	
Filed <u>Feb</u> , 19 <u>36</u>		Registrar. _____	
Subscribed and sworn to before me, this <u>12th</u> day of <u>February</u> 19 <u>36</u> , by <u>Laura C. Albee</u> . <u>Albee C. Baylon</u> Notary Public, Twin Falls, Idaho.			



WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

465-206-204-418

240109

1. PLACE OF BIRTH  
County of BEAR  
City of Montpelier  
No. unknown St. at home

MAR 3

1936 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

240109

(If born in hospital or institution give name.)

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Frances Margaret Monahan

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>No</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>August 6, 1897</u> (Month, Day, Year)
9. Full name <u>Franklin L. Monahan</u>	FATHER		18. Full maiden name <u>Margaret Maher</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Washington</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Resident</u>		
11. Color or race <u>White</u>			12. Age at last birthday <u>23</u> (years)		
13. Birthplace (city or place) <u>Oregon City</u> (State or country) <u>Oregon</u>			20. Color or race <u>White</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad work</u>			21. Age at last birthday <u>23</u> (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Oregon Short line</u>			22. Birthplace (city or place) <u>Centerville</u> (State or country) <u>Iowa</u>		
16. Date (month and year) last engaged in this work <u>1900</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>No occupation</u>		
17. Total time (years) spent in this work <u>10 yrs</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
25. Date (month and year) last engaged in this work _____			26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate 10% Sol.</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
29. If stillborn, period of gestation _____ months or weeks _____					
30. Cause of stillbirth _____ Before labor _____ During labor _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE UNKNOWN

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

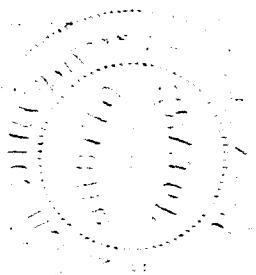
(Signed) Mary Elizabeth Macdonald

or \_\_\_\_\_, Midwife

Give name added from a supplemental report

Subscribed and sworn to before me at \_\_\_\_\_  
Address 71 Third St. Boise  
Filed Feb 26 1936  
Registrar. 3/3/36  
Notary Public Notary Public





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. *693-241-30-443*  
PLACE OF BIRTH  
County of *Idemhi*  
City of *Junction City*  
No. \_\_\_\_\_ St. \_\_\_\_\_  
MAR 13 1936 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 240682  
Registration District No. *41* State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. *2116* Local Registrar's No. \_\_\_\_\_  
2. FULL NAME OF CHILD *Elfreda Williamson*  
3. Sex *Female* If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
mate? ☒ 8. Date of birth *Sept 11, 1897*  
(Month, Day, Year)  
9. Full name *Samuel Allen Williamson* FATHER 18. Full maiden name *Lulu May Muebery* MOTHER  
10. Residence (usual place of abode) *Idaho* 19. Residence (usual place of abode) *Idaho*  
(If non-resident, give place and State)  
11. Color or race *white* 12. Age at last birthday *44* (years) 20. Color or race *white* 21. Age at last birthday *39* (years)  
13. Birthplace (city or place) *Dugan, Ill.* 22. Birthplace (city or place) *Ellis, Mo.*  
(State or Country)  
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Rancher* 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. *Housewife*  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *ranch* 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. *own home*  
16. Date (month and year) last engaged in this work *present 1898* 17. Total time (years) spent in this work *life* 25. Date (month and year) last engaged in this work *present 1897* 26. Total time (years) spent in this work *20 yrs*  
27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother *one* (At time of this birth and including this child)  
(a) Born alive and now living ☒ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *6 A.* m. on the date above stated.

(Born Alive or Stillborn) *on Saturday morning*

(Signed) \_\_\_\_\_ M. D.

or *Mrs. S. A. Williamson - mother*

Address *Idellon Montana*

Filed *March 10*, 1936 *Chas C. Bellamy*

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

dup of 1897-241890

Bot1+  
DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

691-118 D16-168  
1. PLACE OF BIRTH -  
County of Blaine No. 20 1936  
City of Almo St.  
No. \_\_\_\_\_ State File No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **241880**

(If born in hospital or institution give name.)  
Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Arnold Elmer Franks

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Legiti- \_\_\_\_\_ 8. Date of birth Aug 18 1936  
Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER John Samuel Franks  
13. Full maiden name MOTHER Mary Ann Johnston

10. Residence (usual place of abode) Almo, Blaine  
19. Residence (usual place of abode) Carleton Place, Ontario  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday \_\_\_\_\_ (years)  
20. Color or race white 21. Age at last birthday 29 (years)  
13. Birthplace (city or place) Capitol, Utah 22. Birthplace (city or place) North Ogden, Utah  
(State or country) (State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc _____
16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work <u>March 1936</u>
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work <u>41</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) 2  
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks \_\_\_\_\_  
30. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6 a.m. on the date above stated.  
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary Ann Franks M.D.  
or Elizabeth Johnston Midwife

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Carleton Place, Ontario  
Filed 4/20/36, 1936 Canada Registrar.

Registrar.

MAR 13 1968

Mrs. E. C. Sheridan  
Almo

Idaho

Mrs. Jane Jensen

428 - 2nd ave North

Twin Falls

Idaho

Mrs. E. A. Johnston

Oakley

Idaho

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each of birth stated.

493-211001-236  
1. PLACE OF BIRTH  
County of Ada  
City of Boise  
No. 21

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 241889

Registration District No. .... State File No. ....  
Prim. Registration District No. .... Local Registrar's No. ....

2. FULL NAME OF CHILD Alberte Alice Miller

3. Sex Female If plural births { 4. Twin, triplet, or other ..... 6. Premature ..... 7. Legiti-  
mate Yes 8. Date of birth March 11 1897  
(Month, Day, Year)

9. Full name FATHER Charles Henry Miller  
10. Residence (usual place of abode) Boise, Idaho  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 37 (years)  
13. Birthplace (city or place) Pataaskala, Ohio  
(State or country)

OCCUPATION	FATHER	MOTHER
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocer</u>	18. Full maiden name <u>Clara Belle Scott</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Store</u>	19. Residence (usual place of abode) <u>Boise, Idaho</u> (If non-resident, give place and State)	
16. Date (month and year) last engaged in this work <u>7</u>	20. Color or race <u>White</u> 21. Age at last birthday <u>33</u> (years)	
17. Total time (years) spent in this work <u>9</u>	22. Birthplace (city or place) <u>Shaffield, Ill.</u> (State or country)	
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
	25. Date (month and year) last engaged in this work <u>14</u>	
	26. Total time (years) spent in this work <u>14</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....  
29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth .....  
Before labor .....  
During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I knew of attended the birth of this child, who was Born Alive at 6:15 a.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
(Signed) Laura J. Einsel, M. D.  
or Sister  
Address San Diego, Calif.  
Filed April 24, 1936  
Give name added from a supplemental report .....  
(Date of) .....  
Registrar. Registrar.

Affidavit of Nearest Relative

State of California,  
County of Los Angeles.

The undersigned, being duly sworn on oath, says that she is personally acquainted with the statements in this Certificate of Birth and knows them to be **true**; that she is related to said child as sister.

Laura E. Eince

Subscribed in my presence and sworn to before me this

1874 Day of April 1936

William P. Shooklin

My Commission Expires My Commission Expires Feb. 9, 1940

Notary Public

DELAYED

365124006-389

## PLACE OF BIRTH

County of Bingham  
Town of Blackfoot IdahoFiled at  
Fountain  
ColoradoSTATE OF Idaho  
Bureau of Vital Statistics  
CERTIFICATE OF BIRTH

243700

City of \_\_\_\_\_ Registration District No. 70 File No. \_\_\_\_\_No. \_\_\_\_\_ St. \_\_\_\_\_ Registered No. 202

FULL NAME OF CHILD

JUL 15 1936 RECEIVED

James Elton LoveSex of  
ChildMTwin  
Triplet  
or Other?

}

and

Number  
in Order  
of BirthLegiti-  
mateYesDate of  
BirthSept. 24  
(Month) (Day)1897  
(Year)FULL  
NAMERobert Emery Love

FATHER

FULL  
MAIDEN  
NAMEAnnie Christian

MOTHER

RESIDENCE Blackfoot IdahoRESIDENCE Blackfoot Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY28

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY24

(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Warren Co.Tenn.

OCCUPATION

Farmer

OCCUPATION

Housewife

No. of Child of this Mother

2

No. of Children of this Mother Now Living

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, and that it occurred on Sept 24, 1897, at 11:40 P. M.\*When there was no attending physician  
or midwife, then the father, mother, house-  
holder, etc., should make this return.

(Signature)

Mrs Annie Love  
Wether

(Physician or Midwife)

Given name added from a supplemental report

, 19\_\_\_\_

Address

Fountain Colo

Filed

July 1, 1936A. M. Sayre

Registrar.

Registrar.





# AFFIDAVIT

STATE OF Colorado  
COUNTY OF El Paso } ss.

I, Annie Love, do solemnly swear that I am the Mother  
of James Elton Love, the child mentioned in the annexed  
Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

Subscribed and sworn to before me this 1st day of July, 1936

(SEAL)

Albert M. Sayers  
Notary Public for State of Colorado

Residing at 117 1/2 W. 1st St. El Paso, Colo.

My Commission expires July 15, 1936

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ } ss.

We, the undersigned, do severally solemnly swear that we are personally and well acquainted with the above-named affiant and we have read the statements contained in the annexed Certificate of Birth and that said statements are true to our best knowledge and belief.

(Signature) \_\_\_\_\_

Type or Print Name \_\_\_\_\_

(SEAL)

(Signature) \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public for State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_





WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Jefferson  
City of Menan

No. Idaho St.

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Edward Stanger

3. Sex Male 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term X 7. Legitimate? X 8. Date of birth Jan. 27 1897 (Month, Day, Year)

9. Full name FATHER Joseph Etherington Stanger 18. Full maiden name MOTHER Margaret Irwin

10. Residence (usual place of abode) (If non-resident, give place and State) Deceased 19. Residence (usual place of abode) (If non-resident, give place and State) Menan, Ida.

11. Color or race White 12. Age at last birthday (years) 20. Color or race White 21. Age at last birthday (years)

13. Birthplace (city or place) (State or country) Utah 22. Birthplace (city or place) (State or country) Ireland

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc NONE

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc None 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc None

16. Date (month and year) last engaged in this work 1924 17. Total time (years) spent in this work 48 yrs 25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) None 3 (a) Born alive and now living 5 (b) Born alive but now dead 5 (c) Stillborn

29. If stillborn, period of gestation XXX months or weeks 30. Cause of stillbirth XXXXXX Before labor. XX During labor. XX

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 a.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Margaret Stanger, Mother, 1054 Lake Ave., Idaho Falls, Idaho

Give name added from a supplemental report. Address

(Date of) Filed July 29, 1936

Registrar. Registrar.

Mrs. Mary Browning - 147 So. Eastern Ave., Idaho Falls, Idaho

Mrs. Sarah Irwin - 2627 Church St. Baker, Ore.,

Mrs. Alice Irwin - 307 W. 13th St., Idaho Falls, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

624-226-206-546  
PLACE OF BIRTH

County of Bingham  
City of Riverside  
No. Idaho St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245557

(If born in hospital or institution give name.)

Registration District No. .... State File No. ....

Prim. Registration District No. .... Local Registrar's No. ....

FULL NAME OF CHILD Elizabeth Lenora O'Sullivan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin <u>X</u> Triplet or other?	and { Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of birth <u>Sept 26 1897</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living alive

Born alive but now dead none One Stillborn .....

FATHER	MOTHER
FULL NAME <u>James Francis O'Sullivan</u>	FULL MAIDEN NAME <u>Edna Sylvia Huff</u>

Residence (Usual place of abode) 4928 E Anna St

If nonresident, give place and State Beck, Calif.

Color or race white Age at last Birthday 34 1/2

Birthplace Albany New York (City and State or Country)

Occupation mine foreman

Residence (Usual place of abode) 4928 E Anna St

If nonresident, give place and State Beck, Calif.

Color or race white Age at last Birthday 35 1/2

Birthplace Echo Summit Co. Utah (City and State or Country)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } alive  
on the date above stated. { Stillborn } at .....

(Signature) Mrs Mary A Hatch

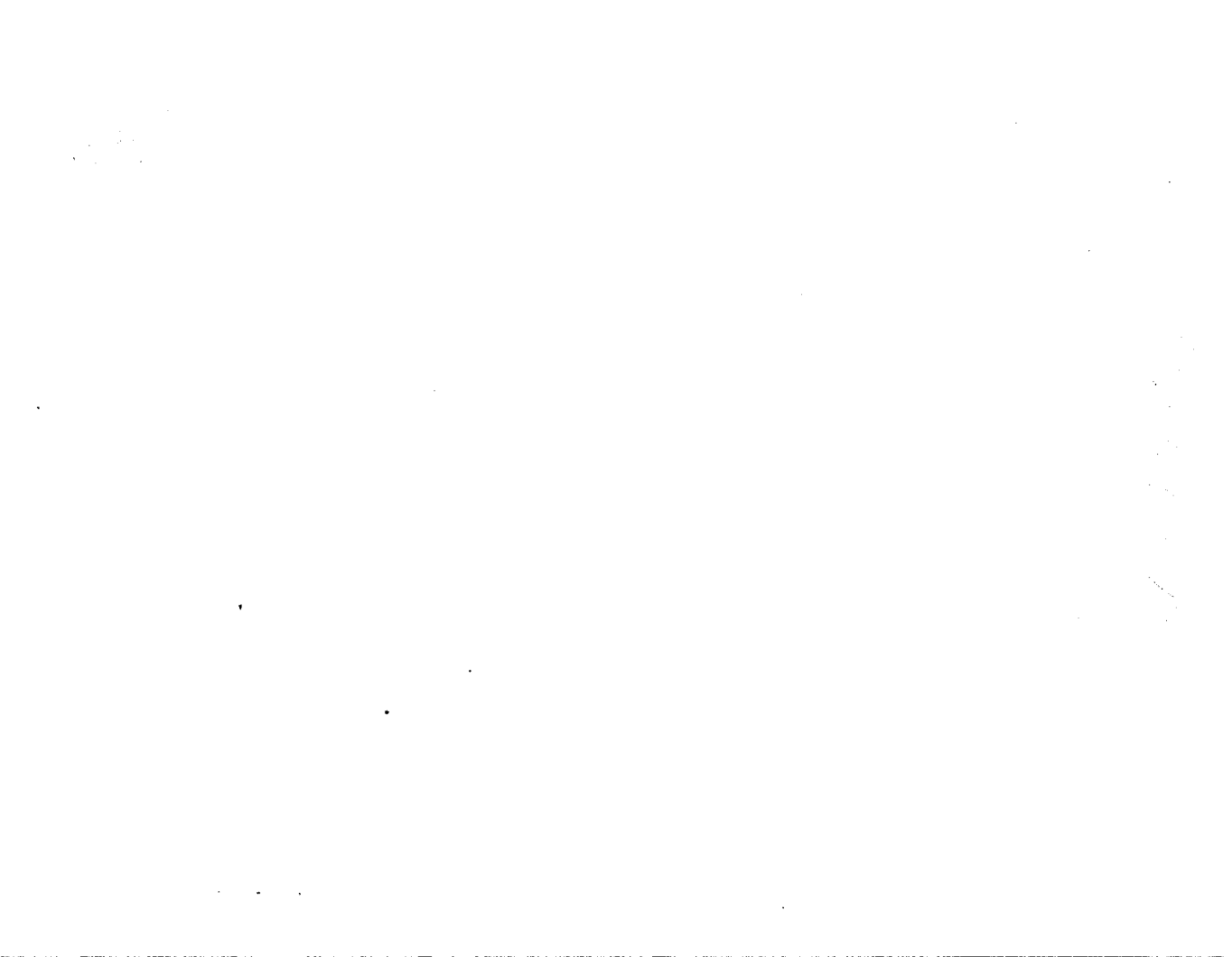
Midwife

(Physician or midwife)

Address Moreland Idaho

Filed Aug 26 1906 Paul Deery Registrar

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

1. PLACE OF BIRTH  
County of **Fremont** **AUG 29 1936** **RECEIVED** STATE OF IDAHO  
City of **Henry's Lake** DEPARTMENT OF PUBLIC WELFARE  
No. **168-206-022-319** St. BUREAU OF VITAL STATISTICS  
(If born in hospital or institution give name.)  
Registration District No. \_\_\_\_\_ State File No. **245566**  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
2. FULL NAME OF CHILD **Ruth Johnson**

3. Sex <b>Female</b>	If plural births {	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Legitimate? <b>Yes</b>	8. Date of birth <b>Feb. 6 1897</b> (Month, Day, Year)
9. Full name <b>Gust Johnson</b>	FATHER			18. Full maiden name <b>Hulda Carlson</b>		
10. Residence (usual place of abode) (If non-resident, give place and State) <b>Henry's Lake, Idaho</b>			19. Residence (usual place of abode) (If non-resident, give place and State) <b>Henry's Lake Idaho</b>			
11. Color or race <b>White</b>			20. Color or race <b>White</b>			
12. Age at last birthday <b>34</b> (years)			21. Age at last birthday <b>24</b> (years)			
13. Birthplace (city or place) (State or country) <b>Orsjo Sweden</b>			22. Birthplace (city or place) (State or country) <b>Orsjo Sweden</b>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farming</b>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <b>housewife</b>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work			
19..... in this work <b>life</b>			19..... in this work <b>4</b>			

27. What prophylactic was used to prevent Ophthalmia Neonatorum? **none**  
28. Number of children of this mother (At time of this birth and including this child)  
**Three** (a) Born alive and now living **3** (b) Born alive but now dead..... (c) Stillborn.....  
29. If stillborn, period of gestation..... } months or weeks } 30. Cause of stillbirth..... } Before labor..... } During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at ..... m. on the date above stated.  
(Born Alive or Stillborn)  
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report.....  
(Date of) \_\_\_\_\_  
Address **Henry's Lake, Idaho**  
Filed **Aug. 29, 1936**  
Registrar. \_\_\_\_\_ Registrar. \_\_\_\_\_  
(Signed) **Mrs. Gust Johnson** mother **X M D**  
or **Mrs. Hulda Johnson** \_\_\_\_\_, Midwife



14

...and the

66-10000-10000

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

851 229 029855 247631

1. PLACE OF BIRTH  
County of Latah **OCT 26 1936 RECEIVED**  
City of Moscow  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH 247631**

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Belle Bertha Headrick

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature Full term	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct. 29, 1897</u> (Month, Day, Year)
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9. Full name <u>Reuben Headrick</u>	FATHER	18. Full maiden name <u>Minnie Henshaw</u>	MOTHER
--	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Idaho</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>41</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>31</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or country) <u>In Missouri, do not know exact place</u>	22. Birthplace (city or place) (State or country) <u>In Nebraska - do not know exact place</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
---	--

16. Date (month and year) last engaged in this work <u>September 15, 1913</u>	17. Total time (years) spent in this work <u>all his life</u>	25. Date (month and year) last engaged in this work <u>May 6, 1909</u>	26. Total time (years) spent in this work <u>all her life</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 7 (b) Born alive but now dead 4 (c) Stillborn none

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks \_\_\_\_\_

30. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 11 p.m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Sophia Schumacher, M. D.

or Dr. J. J. Schumacher, Midwife

Address Moscow, Idaho

Filed Oct. 26, 1936

Registrar.

Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

JAN 20 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Oneida  
City of Samarica  
No. \_\_\_\_\_ St.

(If born in hospital or institution give name.)

JAN 27 1937

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

251397

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Stella Williams

3. Sex F. { If plural births } 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Y 8. Date of birth Oct. 17 1897  
(Month, Day, Year)

9. Full name Lewis Williams  
FATHER  
10. Residence (usual place of abode) Samarica  
(If non-resident, give place and State) Idaho  
11. Color or race W 12. Age at last birthday 23 (years)  
13. Birthplace (city or place) Samarica  
(State or country) Idaho  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name Sarah Morse  
MOTHER  
19. Residence (usual place of abode) Samarica  
(If non-resident, give place and State) Idaho  
20. Color or race W 21. Age at last birthday 20 (years)  
22. Birthplace (city or place) Samarica  
(State or country) Idaho  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work 1897  
26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother 3 (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 0  
29. If stillborn, \_\_\_\_\_ months \_\_\_\_\_ or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7a. m. on the date above stated.  
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Signed) Sarah Williams M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed JAN 27 1937, 193.

Registrar.

Persons Knowing of this Birth

1. Mrs. H.W. Jones R.F.D.#1, Malad, Idaho
2. Mrs. Emma Price, Samaria, Idaho
3. Mr. William E. Morse, Samaria, Idaho

DEC 28 1958  
JAN 12 1959

MAR 3 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Ada, State of Idaho  
City of Boise  
No. 930 Warm Springs Av. St.

RECEIVED  
MAY 11 1937

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

253538

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD John Waldo Trimm

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec. 18 1897  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, Day, Year)

9. Full name FATHER  
Israel Dodge Trimm

18. Full maiden name MOTHER  
Martha Burdett Hifner

10. Residence (usual place of abode) Boise, Idaho  
(If non-resident, give place and State)

19. Residence (usual place of abode) 930 Warm Spgs. Av.  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 22 (years)

20. Color or race white 21. Age at last birthday 17 (years)

13. Birthplace (city or place) Vernal, Utah  
(State or Country)

22. Birthplace (city or place) Brodhead, Kentucky  
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work March 1932 17. Total time (years) spent in this work 35 yrs

OCCUPATION 25. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_ 26. Total time (years) spent in this work constantly

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 2 boys  
1 boy (a) Born alive and now living yes (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 12 midnight on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Signed) Martha Burdett Hifner (Mother) XXXX  
Martha B. Hifner Midwife

Address \_\_\_\_\_

(Date of) \_\_\_\_\_

Filed u \_\_\_\_\_, 1937 Pearl Dillingham Registrar.  
State

Registrar.

TEB 26 1937  
Margaret Rebecca Wright, 524 S. 14th, Boise, Idaho

Marvin Wright, West Idaho Street, Boise, Idaho

Mrs. George Kurtzweil, 2004 Harrison Boulevard, Boise, Idaho

Subscribed and Sworn to before me this 11th day of May 1937

  
\_\_\_\_\_  
Notary Public of Boise, Idaho

My Commission expires March 15, 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

619-225001-665

24 4503

1. PLACE OF BIRTH  
County of Adams  
City of Boise  
No. 7-11-12 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

254503

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

Dorothy Deane Fairis

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 2-25-1897 (Month, Day, Year)

9. Full name FATHER Robert Mylie Fairis  
10. Residence (usual place of abode) Boise, Ida  
(If non-resident, give place and State)  
11. Color or race white 12. Age at last birthday 28 (years)  
13. Birthplace (city or place) Pike Co., Illinois  
(State or Country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER Anna Owens  
19. Residence (usual place of abode) Boise, Ida.  
(If non-resident, give place and State)  
20. Color or race white 21. Age at last birthday 34 (years)  
22. Birthplace (city or place) Winchester, Illinois  
(State or Country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother 3 (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 8.0 m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Robert Mylie Fairis

or \_\_\_\_\_, Midwife

Address Boise, Idaho

Filed June 1, 1937 Pearl Dillingham State Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)



AUG 14 1942

APR 1 1942

Subscribed and sworn to before me  
this 15 day of June 1937

State Registrar

*Pearl Dillingham*

FEB 26 1937

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Idaho  
City of Westlake  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 256434

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Ethel Emily Eastman

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec 11, 1897 (Month, Day, Year)  
5. Number, in order of birth 2 Full term yes

9. Full name Orin B. Eastman  
FATHER

10. Residence (usual place of abode) (If non-resident, give place and State) Westlake

11. Color or race White 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Prairieberg Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Freighting

16. Date (month and year) last engaged in this work Dec. 11 1897 17. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 2  
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn no

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 p m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

\_\_\_\_\_  
(Date of)

(Signed) Orin B Eastman, M.D.

or \_\_\_\_\_

Address Sandpoint Idaho

Filed JUL 21 1937 Registrar.

Registrar.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Donner } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
being first duly sworn says that  
is the Ethel Emily Eastman of Westlake  
(Date of birth) December 11, 1897 at Westlake, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Ethel Emily Eastman

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that No M. D. was the  
Midwife  
medical attendant at the birth of said and that  
the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Orin B Eastman

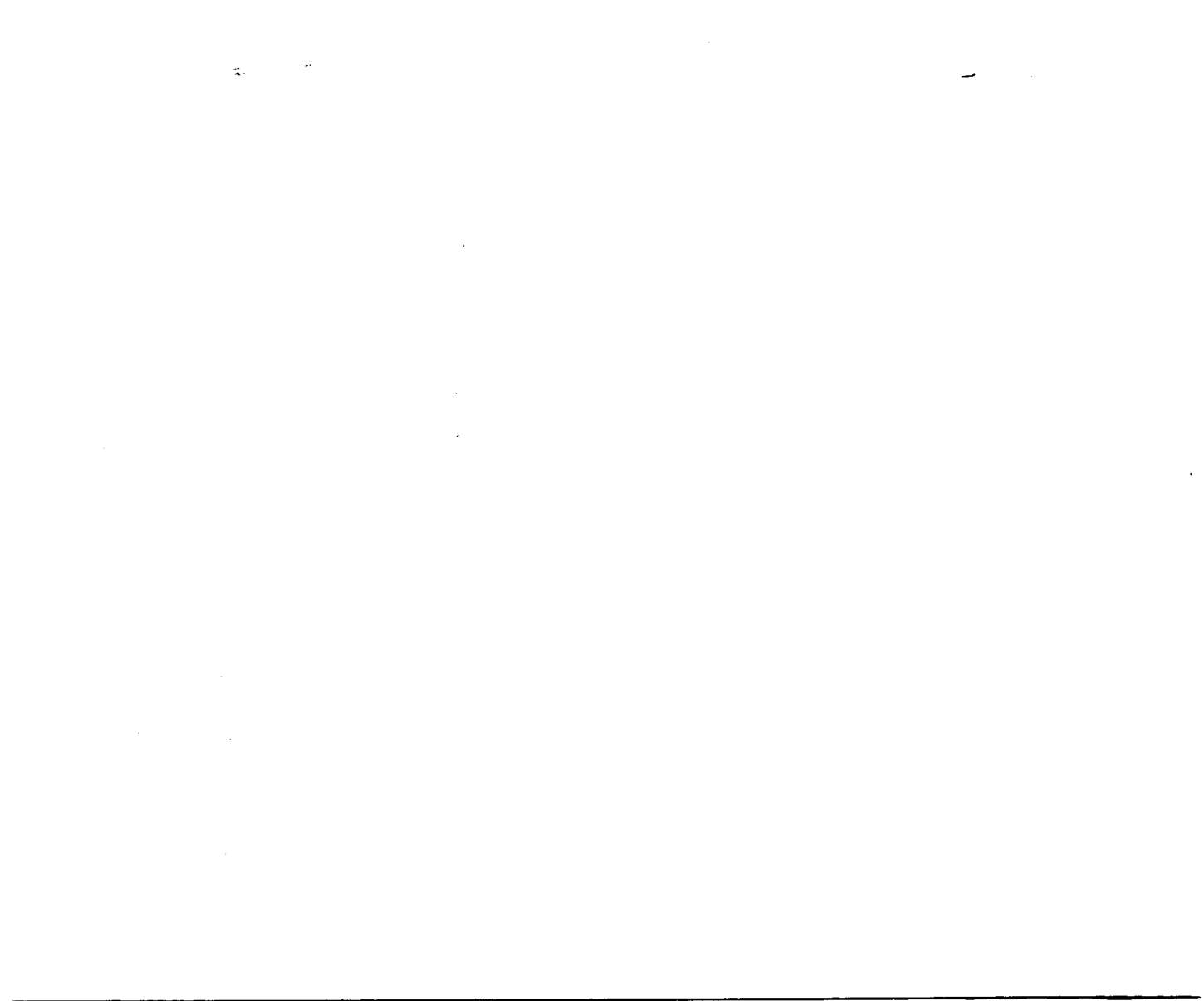
P. O. Address Sandpoint - Idaho

Subscribed and sworn to before me this 20th day of July, 1937

Arthur B. Bowden Notary Public.

Residing at Sandpoint, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.



THIS IS A PERMANENT RECORD. No case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

165-225-003-966  
1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. 923 No. Garfield St.  
residence

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261556

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD JONES, Mildred

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 2/25/1928, 193\_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_ Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER Jones, William Henry 18. Full maiden name MOTHER Rowland Isabell  
10. Residence (usual place of abode) 923 No Garfield 19. Residence (usual place of abode) 923 No Garfield  
(If non-resident, give place and State) Poca Ida (If non-resident, give place and State) Poca Idaho  
11. Color or race white 12. Age at last birthday 36 (years) 20. Color or race white 21. Age at last birthday 28 (years)  
13. Birthplace (city or place) Mertlyn Lylfil 22. Birthplace (city or place) Logan Utah  
(State or Country) Wales (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. car repairman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. OSL Railway 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home  
16. Date (month and year) last engaged in this work still employed, 19 17. Total time (years) spent in this work 14 25. Date (month and year) last engaged in this work still same, 19 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) (3)  
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:50 P m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Isabell Jones Mother, ~~xxx~~  
or \_\_\_\_\_, Midwife  
Give name added from \_\_\_\_\_ Address Malad City Idaho  
a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Filed JAN 11 1928, 193\_\_\_\_\_  
Registrar. Registrar.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Oneida } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Isabell Rowland Jones being first duly sworn says that  
she is the Mother of Mildred Jones  
(Relationship of child)\*  
born 2/25/197 at Pocatello Idaho, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said child  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.  
Affiant further states that Dr. J. Bean M. D. was the  
medical attendant at the birth of said Mildred Jones Midwife  
the said medical attendant is deceased and that

(Now deceased (or) cannot be located)

Name of Affiant Isabell Rowland Jones  
P. O. Address 395 (Box) Malad City Idaho

Subscribed and sworn to before me this 2 day of January, 19 28

L. F. [Signature]

Notary Public.

Residing at Malad City Idaho, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



1943 2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

639-105403-854  
1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. \_\_\_\_\_ St. \_\_\_\_\_

NOV 8 - 1937

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

262571

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD George William Oliver

3. Sex <b>Male</b>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <b>Yes</b>	7. Legitimate? <b>Yes</b>	8. Date of birth <u>July 5, 1897</u> (Month, Day, Year)
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9. Full name George Woodruff Oliver  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Pocatello, Idaho  
11. Color or race White 12. Age at last birthday 31 (years)  
13. Birthplace (city or place)  
(State or Country) Kalamazoo, Michigan

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engr.  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work Oct. 31, 1935  
17. Total time (years) spent in this work 12 yrs.  
Still working

18. Full maiden name Helen McCormack Heughan  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Pocatello  
20. Color or race White 21. Age at last birthday 35 years  
22. Birthplace (city or place)  
(State or Country) Erin, Canada  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work 19  
26. Total time (years) spent in this work 4 yrs.  
Cannot answer.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) 1  
(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation { months or weeks }  
30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

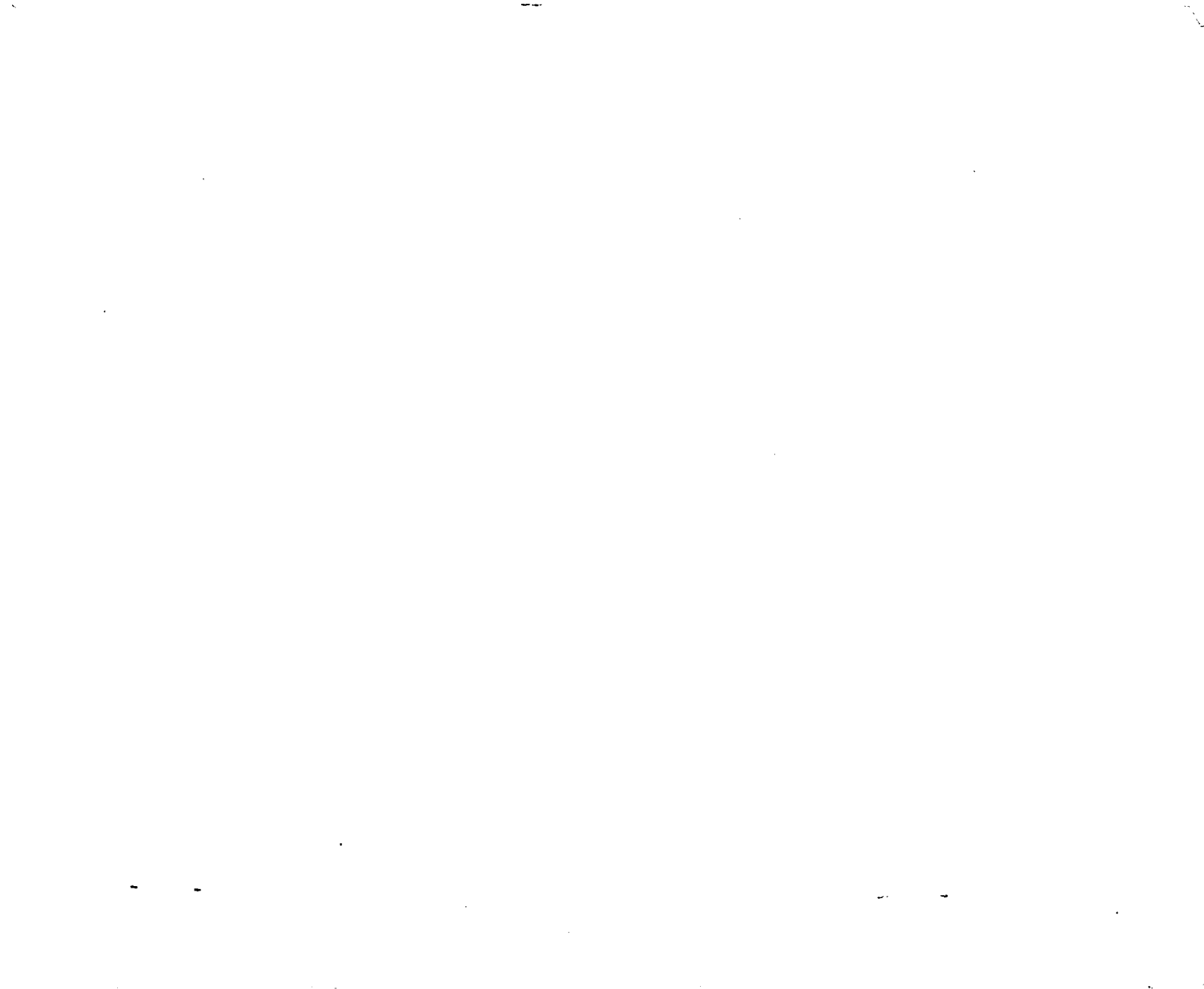
I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
Attending Physician now dead.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) George Woodruff Oliver  
Father  
Address 415 N. Johnson, Pocatello, Idaho

Filed JAN 21 1938, 1938

Registrar.

Registrar.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Bannock } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
George Woodruff Oliver being first duly sworn says that  
he is the father of George William Oliver  
(Relationship of child)\*  
born July 5, 1897 at Pocatello, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that he desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said George William Oliver  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that O. B. Steely M. D. was the  
medical attendant at the birth of said George William Oliver Midwife  
and that  
the said medical attendant is dead.

George Woodruff Oliver (Now deceased (or) cannot be located)  
George Woodruff Oliver  
Name of Affiant.

P. O. Address 415 North Johnson, Pocatello, Idaho.

Subscribed and sworn to before me this 24th day of November, 1937.

H. J. Swanson H. J. Swanson  
Notary Public.

(SEAL)

Residing at Pocatello, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



294-2004-445

263573

1. PLACE OF BIRTH  
 County of Bear Lake  
 City of Montpelier  
 No. \_\_\_\_\_ State Idaho

MAR 14 1938

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. 263573

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Edna Theresa Lingent

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
 mate? yes 8. Date of birth Oct 29 1897  
 (Month, Day, Year)

9. Full name FATHER Edward Lingent 18. Full maiden name MOTHER Elizabeth Mueller

10. Residence (usual place of abode) Montpelier 19. Residence (usual place of abode) Montpelier  
 (If non-resident, give place and State) Idaho (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 27 (years) 20. Color or race white 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Oakland 22. Birthplace (city or place) St. Louis  
 (State or Country) California (State or Country) Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ed Engineer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work 11-28 1932 17. Total time (years) spent in this work 3  
 25. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_ 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother five (At time of this birth and including this child)  
 (a) Born alive and now living. 1 (b) Born alive but now dead. 1 (c) Stillborn. \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edward Lingent Father  
 or Mrs Edward Lingent Mother

Give name added from a supplemental report \_\_\_\_\_

Address Green River Wyo 81722

(Date of)

Filed March 11 1938

Registrar.

Registrar.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Wyoming } ss. (To accompany a certificate of an unreported birth  
County of Sweetwater when such certificate is not attested by signature of  
attending physician or midwife.)

Edward Singent Elizabeth Singent being first duly sworn says that  
they ~~is the~~ are Parent's of Edna Theresa Singent  
(Relationship of child)\*  
born October 29<sup>th</sup> 1897 at Monthelieu, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Edward Singent desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Edna Theresa Singent

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Charles Hoover M. D. was the  
medical attendant at the birth of said Edna Theresa Singent ~~Midwife~~ and that  
the said medical attendant was Dr Charles Hoover, deceased  
(Now deceased (or) cannot be located)

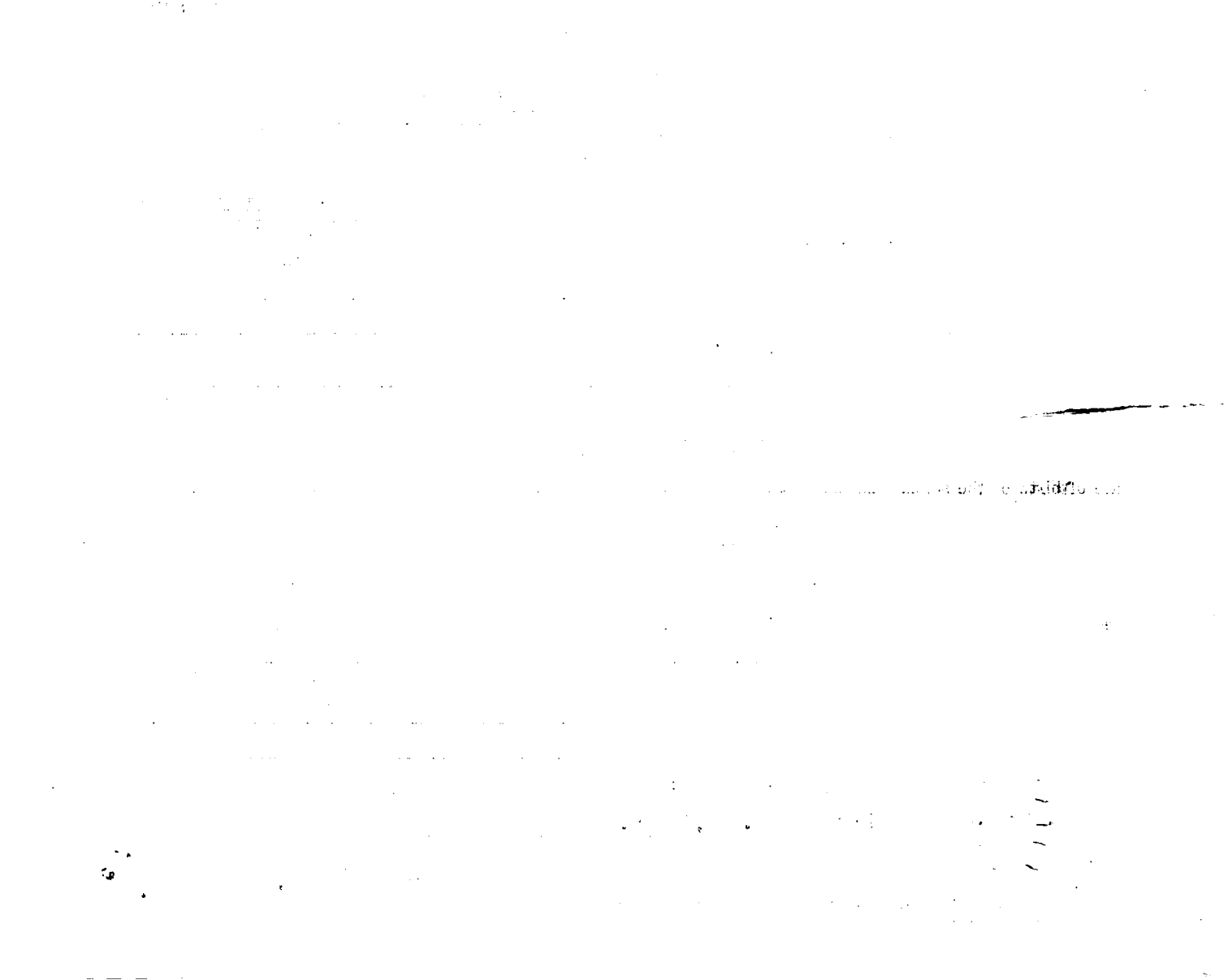
Name of Affiant Edward Singent  
P. O. Address Green River, Wyo Box 197

Subscribed and sworn to before me this 11<sup>th</sup> day of March, 19 38  
My Commission expires Aug. 21, 1941.

James P. Thompson  
Notary Public.  
Residing at Green River, Wyoming, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

863 231 008 - 251

264580

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264580

APR 13 1938

1. PLACE OF BIRTH  
County of Boise - Now Van  
City of Old Idaho  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Frances Mary Holbrook

3. Sex F If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature yes 7. Legitimate? yes 8. Date of birth May 31 1897  
(Month, Day, Year)

9. Full name FATHER Frank Holbrook 18. Full maiden name MOTHER Mary Eliza Beal

10. Residence (usual place of abode) Old Idaho 19. Residence (usual place of abode) Old Idaho  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years)  
13. Birthplace (city or place) Parma Idaho 22. Birthplace (city or place) Illinois  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
19. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
19. \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother / (At time of this birth and including this child) /  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
(Signed) Mary E. Holbrook, M. D.  
or Mother, Midwife

Give name added from a supplemental report. \_\_\_\_\_ Address Old Idaho

Filed 9-6-, 1938 J. L. Reynolds Registrar.

no doctor in attendance

Subscriber and sworn to before me this 13th day of April 1938 at \_\_\_\_\_  
Fear \_\_\_\_\_  
State Registrar.



A546 110821-995

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

265087

APR 5 1938

1. PLACE OF BIRTH  
County of Franklin  
City of St. Joseph  
No. \_\_\_\_\_ St.

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Bryant Nuffer

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 10</u> , 19 <u>38</u> (Month, Day, Year)
--------------------	---	--	---------------------------	---

9. Full name FATHER <u>Fred Nuffer</u>		18. Full maiden name MOTHER <u>Anna Rinderknecht</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Joseph</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Joseph</u>	
11. Color or race <u>white</u>   12. Age at last birthday <u>33</u> (years)		20. Color or race <u>white</u>   21. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Neuffen, Wuerttemberg, Germany</u>		22. Birthplace (city or place) (State or Country) <u>Providence, Utah</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work <u>April</u> , 19 <u>37</u>		25. Date (month and year) last engaged in this work <u>April</u> , 19 <u>37</u>	
17. Total time (years) spent in this work <u>10</u>		26. Total time (years) spent in this work <u>9</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed APR 5 1938, 1938

Registrar.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of California }  
County of Los Angeles } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
being first duly sworn says that  
Anna Nuffer  
she is the Mother of Bryant Nuffer  
(Relationship of child)\*

born April 10, 1897 at St. Joseph, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Bryant Nuffer  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Fannie Swan M. D. was the  
medical attendant at the birth of said Bryant Nuffer Midwife  
the said medical attendant is deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant Anna Nuffer

P. O. Address 15716 Saticoy St. Van Nuys

Subscribed and sworn to before me this 1st day of April, 1938

Patricia Hall

Residing at Van Nuys Calif, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of BEAR LAKE  
City of PARIS  
No. A236-208-004-238 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265566

MAY 9-1938

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

ANNIE SOPHIA STOCKER

3. Sex  
FEMALE

If plural  
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term YES

7. Legiti-

mate? YES

8. Date of  
birth 7 8 1897

(Month, Day, Year)

9. Full  
name

FATHER

JOHN STOCKER

10. Residence (usual place of abode)

(If non-resident, give place and State) PARIS

11. Color or race WHITE

12. Age at last birthday 50 (years)

13. Birthplace (city or place)  
(State or Country)

Guggen Thurgau  
Switzerland

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

BRICK MAKER

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.

BRICK YARD

16. Date (month and year)  
last engaged in this work

17. Total time (years) spent

19.

in this work

18. Full  
maiden  
name

MOTHER

CATHERINE SCHMIDLIN

19. Residence (usual place of abode)

(If non-resident, give place and State) PARIS

20. Color or race WHITE

21. Age at last birthday 23 (years)

22. Birthplace (city or place)  
(State or Country)

Schillingen Schaffhausen  
Switzerland

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.

HOUSE WIFE

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.

25. Date (month and year)  
last engaged in this work

26. Total time (years) spent

19.

in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother

(At time of this birth and including this child)

ONE

(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn,  
period of gestation

months  
or weeks

30. Cause of Stillbirth

{ During labor

{ Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address

MAY 9-1938

Filed

193

Registrar.

Registrar.

When there was no attending physician  
or midwife, then the father, householder, etc.,  
should make this return.

Give name added from  
a supplemental report

(Date of)





STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of.....Idaho..... }  
County of.....Jefferson..... } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

.....Cathrine Rottweiler.....(Stocker).....being first duly sworn says that  
she..... is the.....Mother..... of.....Annie Sophia Stocker.....  
(Relationship of child)\*  
born.....July 8th 1897..... at.....Paris.....Bear Lake County,....., Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that.....she.....desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said.....Annie Sophia Stocker.....

.....hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....Mrs.....Grunder.....(now deceased).....M. D. was the  
Midwife  
medical attendant at the birth of said.....Annie Sophia Stocker.....and that  
the said medical attendant is.....now deceased.....  
(Now deceased (or) cannot be located)

Name of Affiant.....Catherine Rottweiler.....  
P. O. Address.....Menan,.....Idaho.....

Subscribed and sworn to before me this.....29th.....day of.....April....., 1938.

.....George M. Larsen.....  
Notary Public.

My commission expires Dec. 12, 1939 Residing at.....Menan....., Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the transparency and accountability of the organization. The document also outlines the procedures for handling financial data, including the use of standardized forms and the regular review of accounts.

In the second section, the focus shifts to the management of human resources. It details the recruitment process, from identifying the need for new staff to the final selection and onboarding. The document also covers the training and development of existing employees, highlighting the importance of continuous learning and skill enhancement.

The third section addresses the operational aspects of the organization. It describes the workflow of various departments, ensuring that all tasks are completed efficiently and on time. The document also discusses the importance of communication and collaboration between different teams, as well as the role of technology in streamlining operations.

Finally, the document concludes with a summary of the key points discussed. It reiterates the commitment to excellence and the importance of following the established guidelines. The document is signed by the Director of the organization, who expresses confidence in the staff's ability to implement these measures successfully.



4217. 2020-29-238

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Latah  
City of Troy, Rural Community  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. 267377

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Pearl Mary Bachman

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? X 8. Date of birth May 2 1897  
5. Number, in order of birth \_\_\_\_\_ Full term X (Month, Day, Year)

9. Full name FATHER Edward Bachman 18. Full maiden name MOTHER Helina Schärer

10. Residence (usual place of abode) (If non-resident, give place and State) Rural Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Taman Idaho

11. Color or race white 12. Age at last birthday 3.9 (years) 20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or Country) Switzerland 22. Birthplace (city or place) (State or Country) Switzerland

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work September, 1990 17. Total time (years) spent in this work 50 years 25. Date (month and year) last engaged in this work still at it, 1998 26. Total time (years) spent in this work 52

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 7 (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

(Date of)

Filed June, 1998

Registrar.

Registrar.

FEB 24 1968

STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho } ss. AFFIDAVIT  
County of Teton } (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Selina Bachman being first duly sworn says that  
she is the mother of Pearl Mary Bachman  
(Relationship of child)\*  
born May 2 - 1897 at Troy, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Pearl Mary Bachman

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that none M. D. was the  
medical attendant at the birth of said Pearl Mary Bachman Midwife  
the said medical attendant is none and that  
(Now deceased (or) cannot be located)

Name of Affiant Selina Bachman  
P. O. Address Troy, Id.  
Subscribed and sworn to before me this 7 day of June, 1938  
Al Broke  
Notary Public.

Residing at Troy, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 14 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A384-204 028-553

268859

1. PLACE OF BIRTH  
County of KOOTENAI  
City of HAYDEN LAKE  
No. \_\_\_\_\_ St. \_\_\_\_\_

AUG 3 - 1938

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268859

(If born in hospital or institution give name.) \_\_\_\_\_

Registration District No. 30 State File No. \_\_\_\_\_  
Prim. Registration District No. 2051 Local Registrar's No. 228

2. FULL NAME OF CHILD ESTHER LOUISE THUNBORG

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>May 4</u> <u>1897</u> (Month, Day, Year)
		5. Number, in order of birth _____			

9. Full name FATHER  
JACOB THUNBORG  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Hayden Lake  
11. Color or race White | 12. Age at last birthday 42 (years)  
13. Birthplace (city or place) Ljustorps  
(State or Country) Sweden  
14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Stone Mason  
15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year)  
last engaged in this work \_\_\_\_\_  
17. Total time (years) spent  
in this work 11

18. Full maiden name MOTHER  
CHRISTINE NELSON  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Hayden Lake  
20. Color or race White | 21. Age at last birthday 40 (years)  
22. Birthplace (city or place) Wärmland  
(State or Country) Sweden  
23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. Housewife  
24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year)  
last engaged in this work \_\_\_\_\_  
26. Total time (years) spent  
in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living Four (b) Born alive but now dead None (c) Stillborn None  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks  
30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

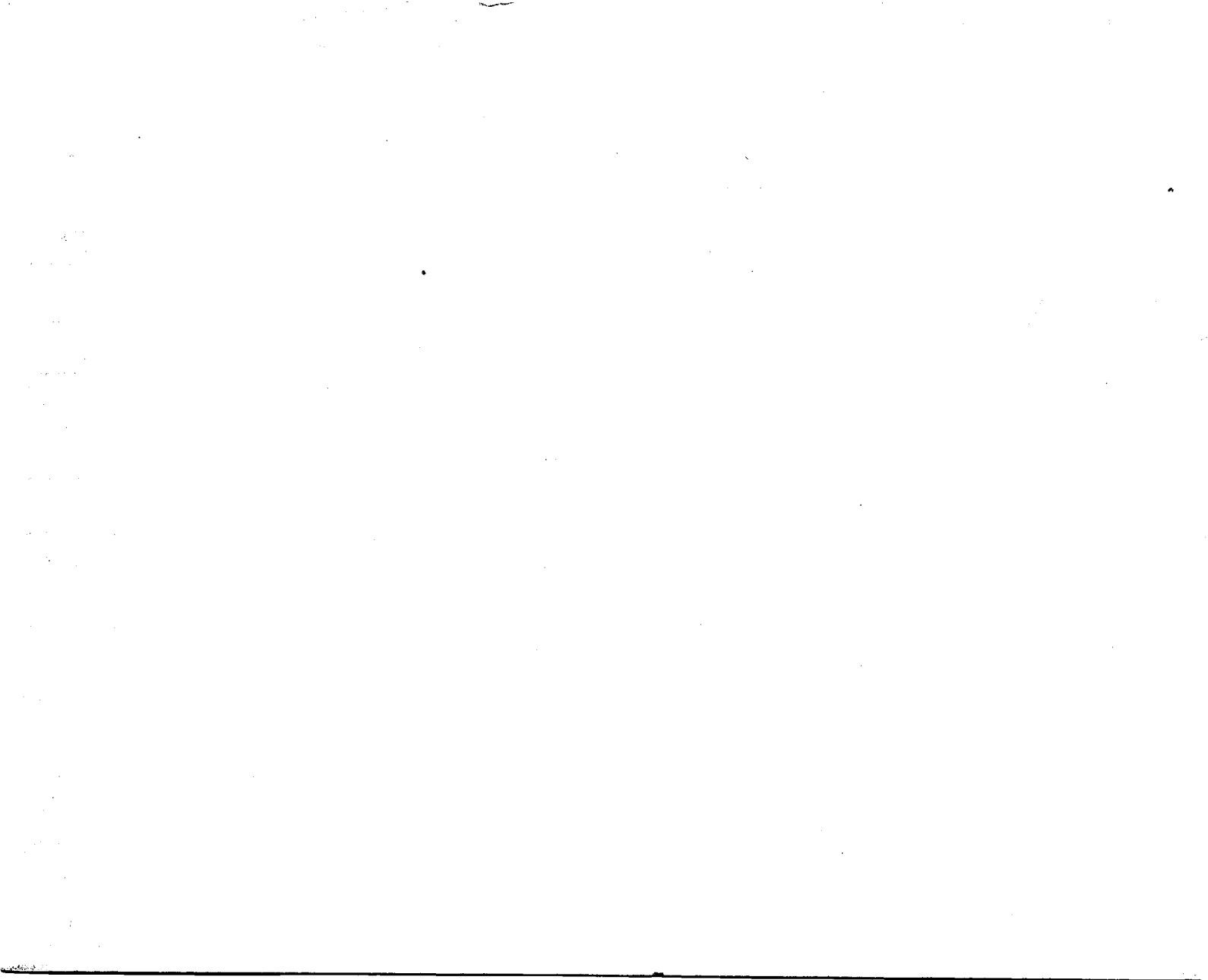
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician  
or midwife, then the father, householder, etc.,  
should make this return.  
Give name added from  
a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_  
Filed July 27, 1938 L. C. Crocker M.D.  
Registrar.





STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of IDAHO }  
County of KOOTENAI } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Christine Thunborg being first duly sworn says that  
she is the Mother of Esther Louise Thunborg  
(Relationship of child)\*  
born May 9, 1897 at Hayden Lake, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Esther Louise Thunborg  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Eric Peterson ~~was~~ was the  
Midwife  
medical attendant at the birth of said Esther Louise Thunborg and that  
the said medical attendant is Now Deceased

(Now deceased (or) cannot be located)

Name of Affiant Christine Thunborg  
P. O. Address Hayden Lake, Idaho

Subscribed and sworn to before me this 29<sup>th</sup> day of July, 1938

E. A. Anderson  
Notary Public.

Residing at Coeur d'Alene, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

295731-014-155

1. PLACE OF BIRTH  
County of Canyon  
City of Middleton  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269263

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Arnold J. Breshears

3. Sex male If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature ✓ Full term ✓ 7. Legitimate? yes 8. Date of birth January 31 1897 (Month, Day, Year)

9. Full name FATHER Francis Marion Breshears

10. Residence (usual place of abode) (If non-resident, give place and State) Middleton, Idaho

11. Color or race white 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) State of Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? nothing

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks

30. Cause of stillbirth ✓ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

When there was no attending physician or midwife, then the father, hospital, etc. should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.

(Born Alive or Stillborn)  
(Signed) Mrs. F. M. Breshears Mother

or \_\_\_\_\_ Midwife

Address 2314 Pleasanton, Boise, Idaho

Filed Aug 6, 1938 Pearl Dillingham State Registrar.

SEP 4 1962

249-211 016-342

270028

## 1. PLACE OF BIRTH

County of Cassia  
 City of Albion, Idaho  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

270028

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Maebble Claire Smith

3. Sex F If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Feb 11, 1897  
 5. Number, in order of birth \_\_\_\_\_ Full term yes (Month, Day, Year)

9. Full name Andrew Harris Smith FATHER 18. Full maiden name Fanny Bell Corrine MOTHER

10. Residence (usual place of abode) Rupert, Idaho 19. Residence (usual place of abode) Rupert, Idaho  
 (If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 26 (years) 20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Corinne, Utah 22. Birthplace (city or place) Abington, Virginia  
 (State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner Cattleman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work February, 1897 17. Total time (years) spent in this work 7 25. Date (month and year) last engaged in this work February, 1897 26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 p.m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D. \_\_\_\_\_  
 or Mrs. Andrew H. Smith MOTHER  
 Address Rupert, Idaho

Filed \_\_\_\_\_, 193\_\_\_\_\_

Registrar. \_\_\_\_\_

Registrar. \_\_\_\_\_

SEP 12 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Minidoka } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Mrs. Andrew H. Smith being first duly sworn says that  
she is the Mother of Maeble Claire Smith  
(Relationship of child)\*  
born February 11, 1897 at Albion, Idaho, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Maeble Claire Smith

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. R. T. Storey M. D. was the  
~~medical~~ attendant at the birth of said Maeble Claire Smith and that  
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Mr. Andrew H. Smith

P. O. Address Rupert, Idaho

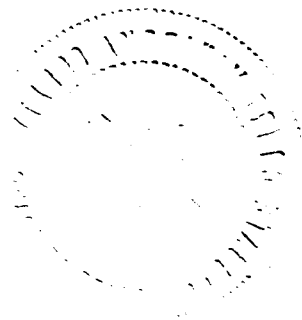
Subscribed and sworn to before me this 7th day of September, 1938.

H. A. Boyer  
Roberto J. Gifford Notary Public.  
Residing at Rupert, Idaho, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.



JAN 15 1954



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

841-207 201-239

PLACE OF BIRTH

RECEIVED  
SEP 14 1938

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

270034

CERTIFICATE OF BIRTH 270034

County of Ada  
City of Boise  
No. State St.

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Dorothy Charles

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec. 4, 1897 (Month, Day, Year)

9. Full name Ralph Petty Charles FATHER  
10. Residence (usual place of abode) Boise, Idaho  
(If non-resident, give place and State)  
11. Color or race white 12. Age at last birthday 37 1/2 (years)  
13. Birthplace (city or place) Murray  
(State or Country) Kentucky

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work life work

18. Full maiden name Ida May Strou MOTHER  
19. Residence (usual place of abode) Boise, Idaho  
(If non-resident, give place and State)  
20. Color or race white 21. Age at last birthday 33 (years)  
22. Birthplace (city or place) Benton  
(State or Country) Kentucky

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 1  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks did (mother die) 30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Ida May Charles mother  
or \_\_\_\_\_ midwife

Address \_\_\_\_\_

Filed SEP 14 1938, 193 \_\_\_\_\_ Registrar. \_\_\_\_\_ Registrar.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Ada } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Ida May Quarles being first duly sworn says that  
she is the mother of Dorothy Quarles  
(Relationship of child)\*  
born December 4, 1897 at Boise, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Dorothy Quarles

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Dr. George Collier M. D. was the  
medical attendant at the birth of said Dorothy Quarles ~~Midwife~~ and that  
the said medical attendant is now deceased  
(Now deceased (or) cannot be located)

Name of Affiant Ida May Quarles  
P. O. Address 1209 Flays St., Boise, Idaho

Subscribed and sworn to before me this 14<sup>th</sup> day of September, 1938

James Martin, Jr.  
Notary Public.

Residing at Boise, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 14 1943

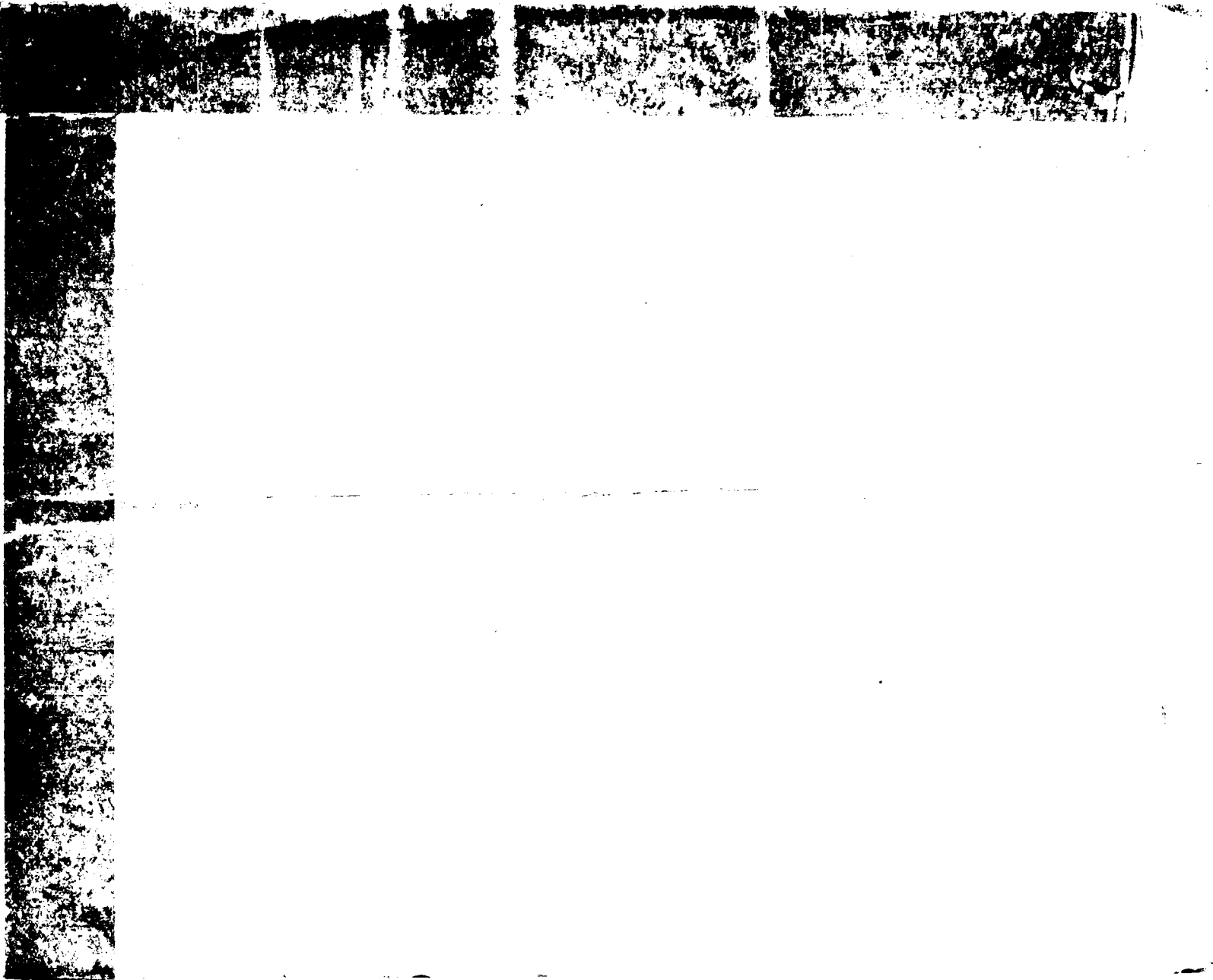
OCT 2

SEP 21 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>5 miles out from Pocatello</u> No. <u>249105 025-214</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 270039	
Registration District No. _____		State File No. _____	
Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>James Hampton Smith</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>2-5-1897</u> (Month, Day, Year)			
9. Full name FATHER <u>George Hampton Smith</u>		18. Full maiden name MOTHER <u>Margaret Irene Badders</u>	
10. Residence (usual place of abode) (If non-resident, give place and State.) <u>Idaho County</u>		19. Residence (usual place of abode) (If non-resident, give place and State.) <u>Idaho County</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>27</u> (years)		21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Crows Run Penn.</u>		22. Birthplace (city or place) (State or Country) <u>Monaca Penn.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Form</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>Febr. 1897</u>		25. Date (month and year) last engaged in this work <u>Febr. 1897</u>	
17. Total time (years) spent in this work <u>10 yrs.</u>		26. Total time (years) spent in this work <u>3 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> <u>One before this.</u> (a) Born alive and now living <u>yes</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months _____ or weeks _____		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8 p.</u> m. on the date above stated. (Born Alive or Stillborn)	
(Signed) <u>Margaret Irene Badders, Smith</u> M.D. Mother	
or <u>George Hampton Smith</u> Midwife	
Address <u>Fall Creek, Ste. Rose, Oregon</u>	
Filed <u>Aug. 24,</u> 193 <u>8</u> <u>Pearl Dillingham</u> State Registrar.	
(Date of) _____ Registrar.	
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____	



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Washington }  
County of Chelan } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Margaret Badders Smith being first duly sworn says that  
she is the mother of James Hampton Smith  
(Relationship of child)\*  
born Feb 5, 1897 at (near) Grangeville, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said James Hampton Smith

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Birdie Long (a neighbor) M.D. was the  
medical attendant at the birth of said child Midwife  
the said medical attendant cannot be located and that  
(Now deceased (or) cannot be located)

Name of Affiant Margaret Badders Smith  
P. O. Address Fell Creek, Star Route, Oregon  
Subscribed and sworn to before me this 12th day of August, 1938

Fred Kemp  
Notary Public.  
Residing at Wenatchee, Washington

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A252 205-035-766

1. PLACE OF BIRTH  
County of Nez Perce  
City of Lapwai  
No. At home St.

OCT 14 1930

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

271138  
271138

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Ruby Pearl Bishop

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth February 5 1897  
5. Number, in order of birth \_\_\_\_\_ Full term yes (Month, Day, Year)

9. Full name FATHER Oliver Newton Bishop 18. Full maiden name MOTHER Anne Jane Powers  
10. Residence (usual place of abode) Lapwai Idaho 19. Residence (usual place of abode) Lapwai Idaho  
(If non-resident, give place and State) (If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 40 (years) 20. Color or race White 21. Age at last birthday 36 (years)  
13. Birthplace (city or place) Scio, Oregon 22. Birthplace (city or place) Roseburg, Oregon  
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home  
16. Date (month and year) last engaged in this work Amstill engaged 19 17. Total time (years) spent in this work 27 yrs. 25. Date (month and year) last engaged in this work up to present 19 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
Seven (a) Born alive and now living yes (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_  
Filed OCT 14 1930, 193 \_\_\_\_\_

Registrar.

Registrar.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Washington }  
County of Mason } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Oliver Newton Bishop being first duly sworn says that  
is the Father of Ruby Pearl Bishop  
(Relationship of child)\*  
born Feb. 5<sup>th</sup> 1897 at \_\_\_\_\_, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Ruby Pearl Bishop  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Spawn M. D. was the  
medical attendant at the birth of said Ruby Pearl Bishop Midwife  
the said medical attendant is cannot be located and that  
(Now deceased (or) cannot be located)

Name of Affiant Oliver Newton Bishop  
P. O. Address Shelton, Wash.  
Subscribed and sworn to before me this 11<sup>th</sup> day of Oct, 1938

Auditor Mason Co.

Notary Public.

Residing at Shelton, Wash., Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

10-1-11

1. PLACE OF BIRTH  
County of Lincoln  
City of Shoshone **OCT 22 1938**  
No. at home St. Idaho

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272262

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Thomas Roscoe Lile

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <u>8/6/1897</u> , 19 <u>3</u> (Month, Day, Year)
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9. Full name <u>William Lile</u> FATHER	18. Full maiden name <u>Anna Louise Morley</u> MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoshone Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoshone Idaho</u>
11. Color or race <u>White</u>	20. Color or race <u>White</u>
12. Age at last birthday _____ (years)	21. Age at last birthday <u>42</u> (years)
13. Birthplace (city or place) (State or Country) <u>Benton County Missouri</u>	22. Birthplace (city or place) (State or Country) _____

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>common laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19 <u>35</u>		25. Date (month and year) last engaged in this work <u>May</u> , 19 <u>17</u>
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_

Filed **OCT 22 1938**, 193  
Registrar. \_\_\_\_\_ Registrar. \_\_\_\_\_



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Canyon } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

William Lile being first duly sworn says that  
he is the Father of Thomas Roscoe Lile  
(Relationship of child)\*

born August 6, 1897 at Shoshone, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Thomas Roscoe Lile

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Chriswell M. D. was the  
medical attendant at the birth of said Thomas Roscoe Lile Midwife  
the said medical attendant is Deceased and that

(Now deceased (or) cannot be located)  
Name of Affiant William H Lile

P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 21st day of October, 1938

Bernice Lawson  
Notary Public.

Residing at Nampa, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.



FEB 9 1942

719-2014-464  
1. PLACE OF BIRTH  
County of Canyon  
City of Falks  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 7 1938

273307

(If born in hospital or institution give name.)

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Grace Parrott

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \_\_\_\_\_  
7. Legitimate? yes  
8. Date of birth April 2, 1897  
(Month, Day, Year)

9. Full name FATHER Samuel Parrott  
18. Full maiden name MOTHER Linda Moulton

10. Residence (usual place of abode) Falks Store, Ida.  
(If non-resident, give place and State)  
19. Residence (usual place of abode) Falks Store, Ida.  
(If non-resident, give place and State)

11. Color or race W. | 12. Age at last birthday 31 (years)  
20. Color or race W. | 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Augusta, Ill.  
(State or Country)  
22. Birthplace (city or place) St. Joseph, Missouri  
(State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 2  
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks  
30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Linda Parrott Mother

or 415 Idaho st, Midwife

Address \_\_\_\_\_

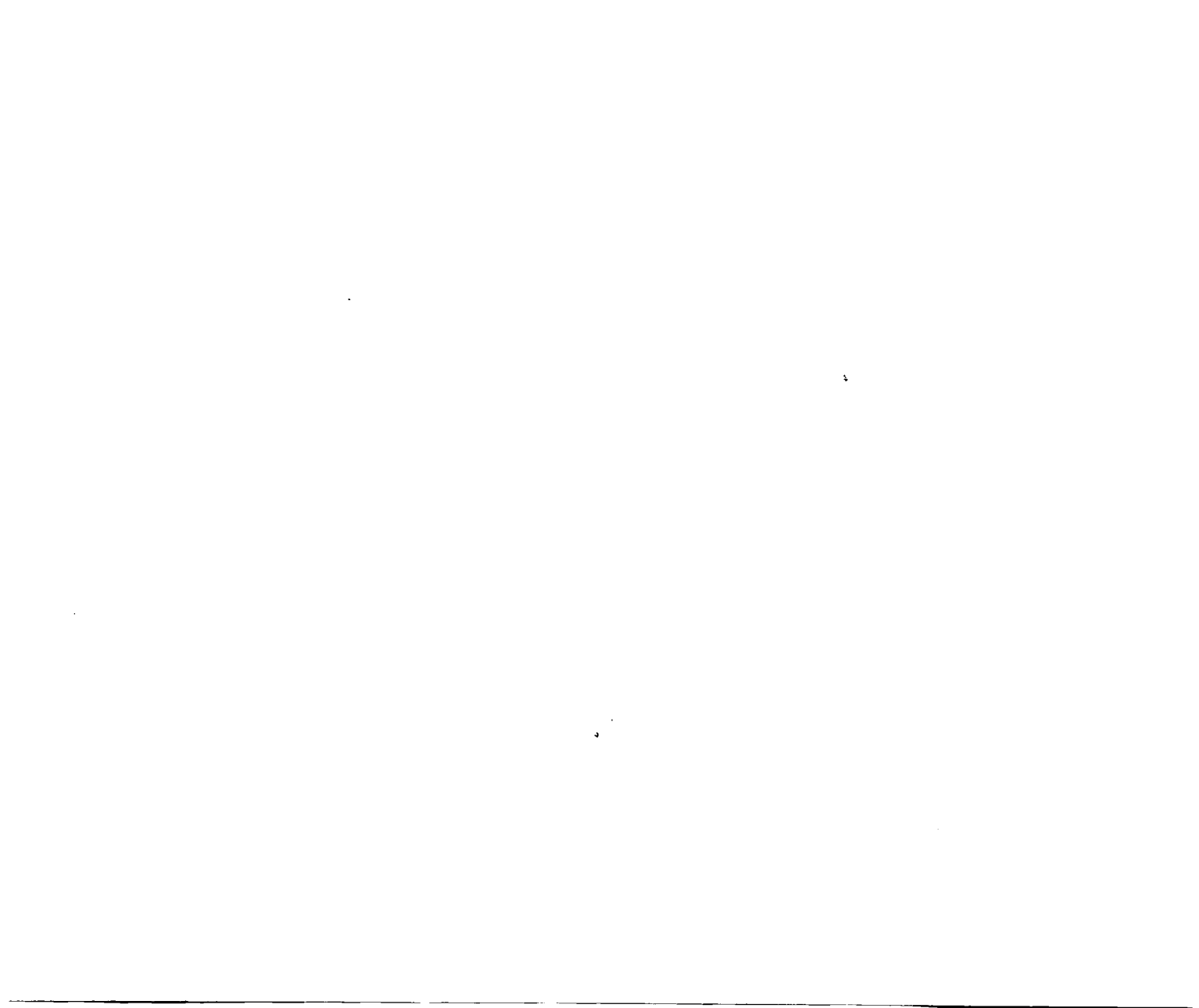
Filed DEC 7 - 1938, 193\_\_\_\_

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Date of)



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of ada } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
being first duly sworn says that  
Linda Parrott  
she is the Mother of Grace Parrott  
(Relationship of child)\*  
born April 2, 1897 at Talke Store, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Grace Parrott

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Eunice Ann Parrott ~~was~~ was the  
medical attendant at the birth of said Grace Parrott Midwife  
the said medical attendant is now deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant Linda Parrott  
P. O. Address 715 Idaho St

Subscribed and sworn to before me this 7th day of December, 1938  
Bert Lyke  
Notary Public.

Residing at Boise, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 6 1969

EMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return may

314 117 019 314

JAN 27 1939

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

275414

CERTIFICATE OF BIRTH

275414

1. PLACE OF BIRTH  
County of Custer  
City of Ellettsville  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Thomas Earl Campbell

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Legitimate? yes 8. Date of birth Jan 7 1939 (Month, Day, Year) 1939

9. Full name FATHER Robert Campbell 18. Full maiden name MOTHER Alice P Campbell

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 42 (years) 20. Color or race white 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Idaho 22. Birthplace (city or place) (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farmer's work

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 40 25. Date (month and year) last engaged in this work Jan 1938 26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 a.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Mrs. Alex Burnett Dist.

Give name added from \_\_\_\_\_, Midwife

a supplemental report \_\_\_\_\_ Address \_\_\_\_\_

(Date of) \_\_\_\_\_ Filed 1/27/39, 193 \_\_\_\_\_

Registrar. Registrar.



JAN 27 1939

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Elmore } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alice P. Campbell being first duly sworn says that  
she is the mother of Thomas Earl Campbell  
(Relationship of child)\*  
born January 17, 1897 at Clayton, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Thomas Earl Campbell

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Jacobson M. D. was the  
medical attendant at the birth of said Thomas Earl Campbell ~~midwife~~ and that  
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1939

Notary Public.

Residing at

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



MAR 9 1966

485 226 044-433

## PLACE OF BIRTH

County of Washington  
 City of Valley of Meadows  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

276446

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Lula Margaret Myers

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term X 7. Legiti- mate? yes 8. Date of birth Jan. 26, 1897 (Month, Day, Year)

9. Full name FATHER Charles Richard Myers 18. Full maiden name MOTHER Margaret Frances McCumsey

10. Residence (usual place of abode) Meadows Valley Idaho 19. Residence (usual place of abode) Meadows Valley Idaho  
 (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 29 (years) 20. Color or race white 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Bourbon County Kansas 22. Birthplace (city or place) Nebraska  
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 9 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 2  
 (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Signed) G. R. Myers Father, M. D.  
 or \_\_\_\_\_ Midwife  
 Address Blaine Washington

Filed MAR 1 1939, 193 \_\_\_\_\_

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Washington }  
County of Whatcom } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles Richard Myers being first duly sworn says that  
he is the father of Lula Margaret Myers  
(Relationship of child)\*  
born January 26, 1897 at Meadows Valley, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Charles Richard Myers desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lula Margaret Myers

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Thomas Clay ~~M. D.~~ was the  
medical attendant at the birth of said Lula Margaret Myers Midwife  
the said medical attendant is now deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant G. R. Myers  
P. O. Address Blaine, Wash.

Subscribed and sworn to before me this 27th day of February, 1939.

Not. N. Smith  
Notary Public.

Residing at Blaine, Wash., Idaho

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

219-227044-281  
PLACE OF BIRTH  
County of Washington  
City of near Alpine  
No. \_\_\_\_\_ St. Idaho  
Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

276494

(If born in hospital or institution give name.)  
2. FULL NAME OF CHILD Minnie Evelyn Barbour

3. Sex female  
If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec. 27, 1897  
5. Number, in order of birth \_\_\_\_\_ Full term X (Month, Day, Year)

9. Full name Charles Artemus Barbour FATHER  
18. Full maiden name Nancy May Shaw MOTHER

10. Residence (usual place of abode) near Alpine  
(If non-resident, give place and State) Alpine  
19. Residence (usual place of abode) near Alpine  
(If non-resident, give place and State) Alpine

11. Color or race white 12. Age at last birthday 38 (years)  
20. Color or race white 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Missouri  
(State or Country)  
22. Birthplace (city or place) Harrison County  
(State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Dec. 27, 1897  
17. Total time (years) spent in this work 30  
25. Date (month and year) last engaged in this work Dec. 27, 1897  
26. Total time (years) spent in this work 1 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks  
30. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Nancy May Barbour  
or X \_\_\_\_\_  
Address \_\_\_\_\_

Filed Mar 13, 1939  
Registrar. \_\_\_\_\_



MARCH 3-1939

STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Washington }  
County of Washington } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Nancy May Barbour White being first duly sworn says that  
she is the mother of Minnie Evelyn Barbour  
(Relationship of child)\*  
born December 27, 1897 a near Alpine, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Minnie Evelyn Barbour desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Minnie Evelyn Barbour

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Peggy Woods ~~was~~ was the  
Midwife  
medical attendant at the birth of said Minnie Evelyn Barbour and that  
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Nancy May Barbour White  
P. O. Address Weiser Idaho

Subscribed and sworn to before me this 23rd day of February, 1939

Jas. J. Kaley  
Notary Public.  
Residing at Idaho, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.





1. 849-12518-239  
 PLACE OF BIRTH  
 County of Cheneywater Idaho  
 City of Idaho  
 No. Idaho St.

RECEIVED  
 MAR 24 1939

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

277420  
 277420

(If born in hospital or institution give name) Prim. Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD John Harold Quinlan

3. Sex Male If plural { 4. Twin, triplet, or other no 6. Premature no 7. Legiti-  
 births { 5. Number, in order of birth 1 Full term yes mate? yes 8. Date of 1899  
 birth Jan. 21, 1900  
 (Month, Day, Year)

9. Full name Cornelius James Quinlan FATHER  
 10. Residence (usual place of abode) C. Cheneywater Idaho  
 (If non-resident, give place and State)  
 11. Color or race white 12. Age at last birthday 31 (years)  
 13. Birthplace (city or place) Ireland  
 (State or Country) Co. Cork

18. Full maiden name Frances Bell Stratton MOTHER  
 19. Residence (usual place of abode) Cheneywater Idaho  
 (If non-resident, give place and State)  
 20. Color or race White 21. Age at last birthday 20 (years)  
 22. Birthplace (city or place) South Dakota  
 (State or Country) South Dakota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —  
 16. Date (month and year) last engaged in this work Feb. 10 - 1897  
 17. Total time (years) spent in this work 6 years

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —  
 25. Date (month and year) last engaged in this work —  
 26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
 28. Number of children of this mother (At time of this birth and including this child)  
1st child (a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn no  
 29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_  
 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 12 P.m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
 (Date of) \_\_\_\_\_

(Signed) Frances Quinlan mother M.D.  
 or Cornelius J. Quinlan midwife  
 Address Cheneywater Idaho

Filed 3/24/1900, 1900  
 Registrar. Registrar.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

*Pearson*  
State of *Buckley Columbia*

County of *Washington*

*James* SS.

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

*Frances Quinlan* being first duly sworn says that  
*she* is the *Mother* of *John Harold Quinlan*.  
(Relationship of child)\*  
born *January 20<sup>th</sup> 1897* at *Clearwater*, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that *—* desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said *John Harold Quinlan*

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that *Mrs. Starn* *M.D.* was the  
medical attendant at the birth of said *John Harold Quinlan* Midwife  
the said medical attendant is *deceased* and that

(Now deceased\* (or) cannot be located)

Name of Affiant *Frances Quinlan*

P. O. Address *Challis, Idaho*

Subscribed and sworn to before me this *21* day of *March*, 19*37*

*Notary Public*  
Residing at *Challis, Idaho*

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 943 221 008 '315

RECEIVED

1. PLACE OF BIRTH  
County of Boise, now Valley  
City of Van Wyck, now Cascade  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

278520

Registration District No. \_\_\_\_\_ State File No. 278520

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Nellie Inez Rutledge

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth March 21 1897  
(Month, Day, Year)

9. Full name FATHER James Edward Rutledge 18. Full name MOTHER Louie Lilliette Landreth

10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_ 19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_

11. Color or race white 12. Age at last birthday 30 (years) 20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) El Paso Illinois 22. Birthplace (city or place) (State or Country) Story County Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) fourth  
(a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address APR 27 1939  
Filed \_\_\_\_\_, 1939

Registrar.

APR 8 1942

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho } ss. (To accompany a certificate of an unreported birth  
County of Canyon } when such certificate is not attested by signature of  
attending physician or midwife.)

James Edward Rutledge being first duly sworn says that  
he is the father of Nellie Inez Rutledge  
(Relationship of child)\*  
born March 21-1897 at Van Wyck now Cascade, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that James Edward Rutledge desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Nellie Inez Rutledge

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Evans M. D. was the  
medical attendant at the birth of said Nellie Inez Rutledge Midwife  
the said medical attendant is now deceased. and that  
(Now deceased (or) cannot be located)

Name of Affiant James Edward Rutledge  
P. O. Address Middleton, Idaho

Subscribed and sworn to before me this 25 day of April, 1939

Chas. Gerhauser  
NOTARY PUBLIC Notary Public.

Residing at Middleton, Idaho.  
MY COMMISSION EXPIRES MAY 31, 1939

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state their names on the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



APR 8 1942

SEP 27 1976

~~REDACTED~~

... ..



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of mistake, return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Canyon  
City of Payette, Ida.  
No. 719-215-014-719 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH  
279628  
JUN 5 1939  
Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Angie Myrn Paine

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature yes Full term yes 7. Legitimate? yes 8. Date of birth April 15 1897  
(Month, Day, Year)

9. Full name FATHER  
Eldon Parker Paine

18. Full maiden name MOTHER  
Ida Ann Paine

10. Residence (usual place of abode) Payette, Ida  
(If non-resident, give place and State) at time of birth

19. Residence (usual place of abode) Payette, Ida  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 3 (years)

20. Color or race white 21. Age at last birthday 40 (years)

13. Birthplace (city or place) New Hampshire  
(State or Country)

22. Birthplace (city or place) Orderboldt, Iowa  
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 6  
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

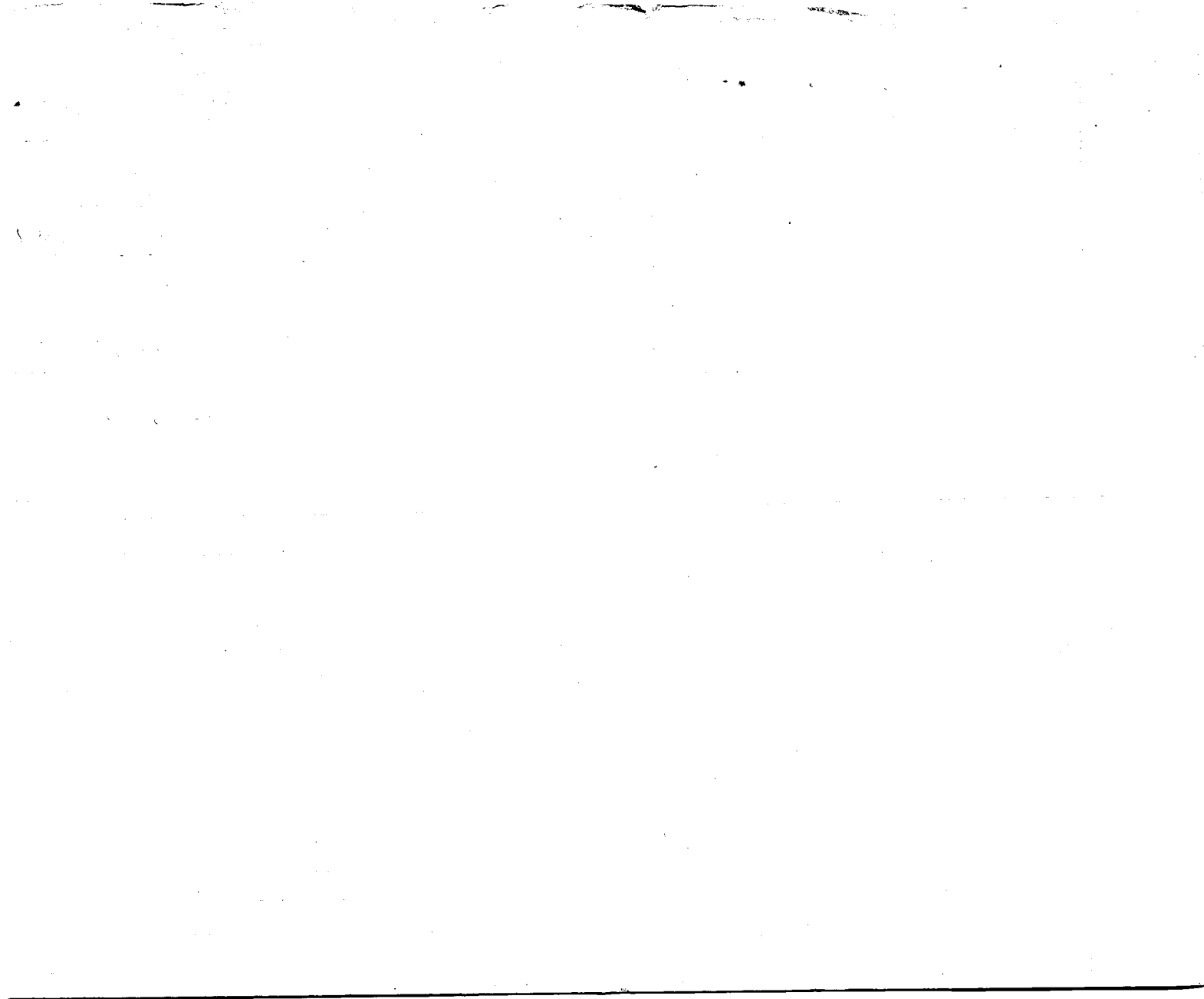
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or Jessie P. Byram, Midwife  
Address \_\_\_\_\_

Filed JUN 5 1939, 193\_\_\_\_  
Registrar. Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Boise  
City of Sweet  
No. F313-202 008-525 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

279649

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Bernice Talley

3. Sex F. If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
5. Number, in order of birth \_\_\_\_\_ Full term X mate? \_\_\_\_\_ 8. Date of birth 9-2-27, 193\_\_\_\_  
(Month, Day, Year)

9. Full name FATHER  
John Harmon Talley

10. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_

11. Color or race White 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Zanesville  
(State or Country) Ohio

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER  
Dena Ebelmesser

19. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_

20. Color or race White 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Bushnell  
(State or Country) Illinois

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
2 (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

(Signed) \_\_\_\_\_, M. D.

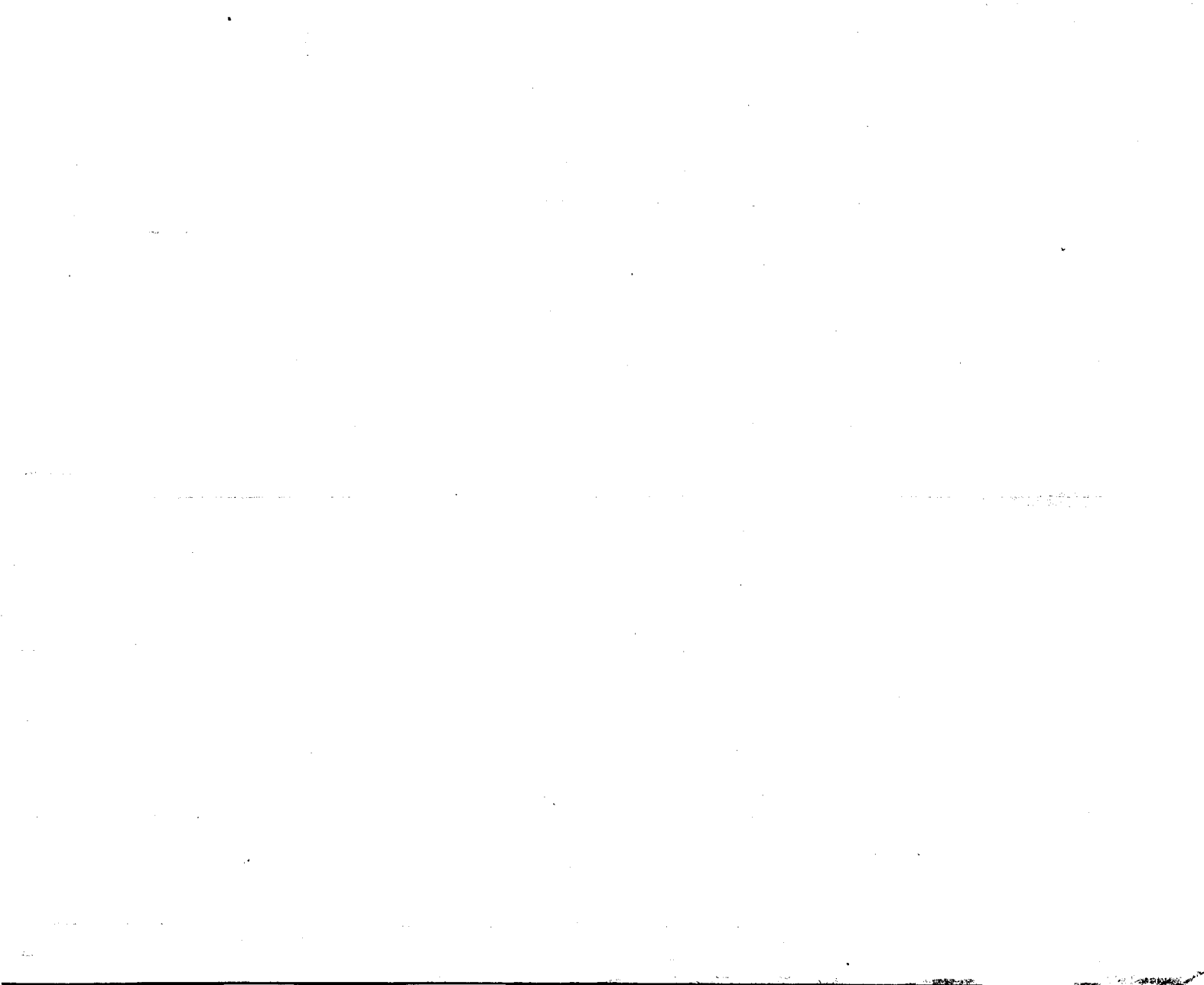
or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed JUN 10 1939 193\_\_\_\_

Registrar.

Registrar.



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

State of Idaho }  
County of Ada } ss. **AFFIDAVIT**  
(To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Dena Talley being first duly sworn says that  
she is the mother of Bernice Talley  
(Relationship of child)\*  
born September 2, 1997 at Sweet, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Bernice Talley

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

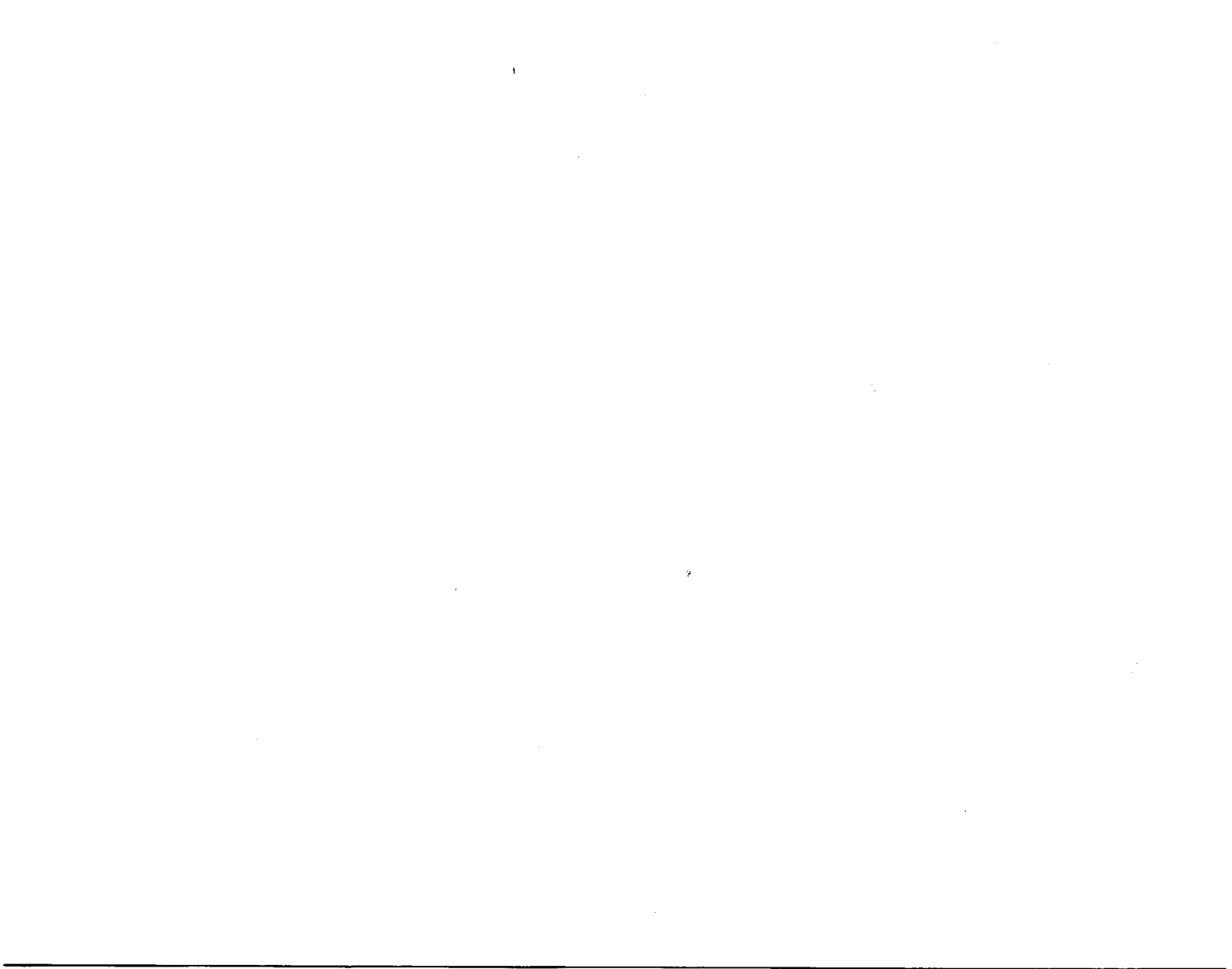
Affiant further states that Mrs. Alfred Anderson ~~was~~ was the  
medical attendant at the birth of said Bernice Talley Midwife  
the said medical attendant is now deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant Dena Talley  
P. O. Address 1914 N 11th, Boise, Idaho  
Subscribed and sworn to before me this 9th day of June, 1939

NOT COMMISSION EXPIRES JULY 9, 1942.

R. B. Barber  
Notary Public.  
Residing at Boise, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Canyon  
City of Payette  
No. 289717014-239 St.

JUN 5 1939

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279666

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Vincent E. Byram

3. Sex Male If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
mate? yes 8. Date of birth Feb. 17, 1893  
(Month, Day, Year)

9. Full name FATHER Samuel L. T. Byram 18. Full maiden name MOTHER Jessie Pearl Stroup  
10. Residence (usual place of abode) Payette, Ida 19. Residence (usual place of abode) Payette, Idaho  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 26 (years) 20. Color or race White 21. Age at last birthday 22 (years)  
13. Birthplace (city or place) New Brunswick, Canada 22. Birthplace (city or place) Payette, Idaho  
(State or Country)

OCCUPATION	FATHER	OCCUPATION	MOTHER
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Mill worker</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 1  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 30. Cause of Stillbirth \_\_\_\_\_ { During labor or Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 a.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M.D.

or Jessie P. Byram Mother \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed JUN 5 1939, 193 \_\_\_\_\_

Registrar.

Registrar.





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

State of Oregon }  
County of Malheur } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Jessie P. Byram being first duly sworn says that

mother is the (Relationship of child)\* of Vincent E. Byram

born at ~~NEW BERN SWICK~~ Pyette at County of Payette, Idaho,  
(Date of birth)

On the 17th day of February, 1897,  
whose certificate of birth is hereto attached, and that, 1897, desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Vincent E. Byram

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the  
Midwife  
medical attendant at the birth of said Vincent E. Byram and that  
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Jessie P. Byram

P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 13th day of June, 1939

E. Otis Smith  
Notary Public.

Residing at \_\_\_\_\_, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

363' 285 035 556  
1. PLACE OF BIRTH  
County of Reg Price  
City of \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ida Maree Cole

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other <u>no</u>	6. Premature.....	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>March 5th 1897</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>yes</u>		

FATHER		MOTHER	
9. Full name <u>Orlando Perry Cole</u>	10. Residence (usual place of abode) <u>Russell Idaho</u> (If non-resident, give place and State)	18. Full maiden name <u>Catherine Currier Newell</u>	19. Residence (usual place of abode) <u>Russell Idaho</u> (If non-resident, give place and State)
11. Color or race <u>white</u>	12. Age at last birthday <u>49</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>38</u> (years)
13. Birthplace (city or place) <u>London England, British Isles</u> (State or country)		22. Birthplace (city or place) <u>Leith Scotland, British Isles</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Building</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
16. Date (month and year) last engaged in this work <u>March 5th, 1897</u>	17. Total time (years) spent in this work <u>30 yrs</u>	25. Date (month and year) last engaged in this work <u>March 5th, 1897</u>	26. Total time (years) spent in this work <u>20 yrs</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation..... } months or weeks } 30. Cause of stillbirth..... } Before labor..... } During labor..... }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....  
(Date of)

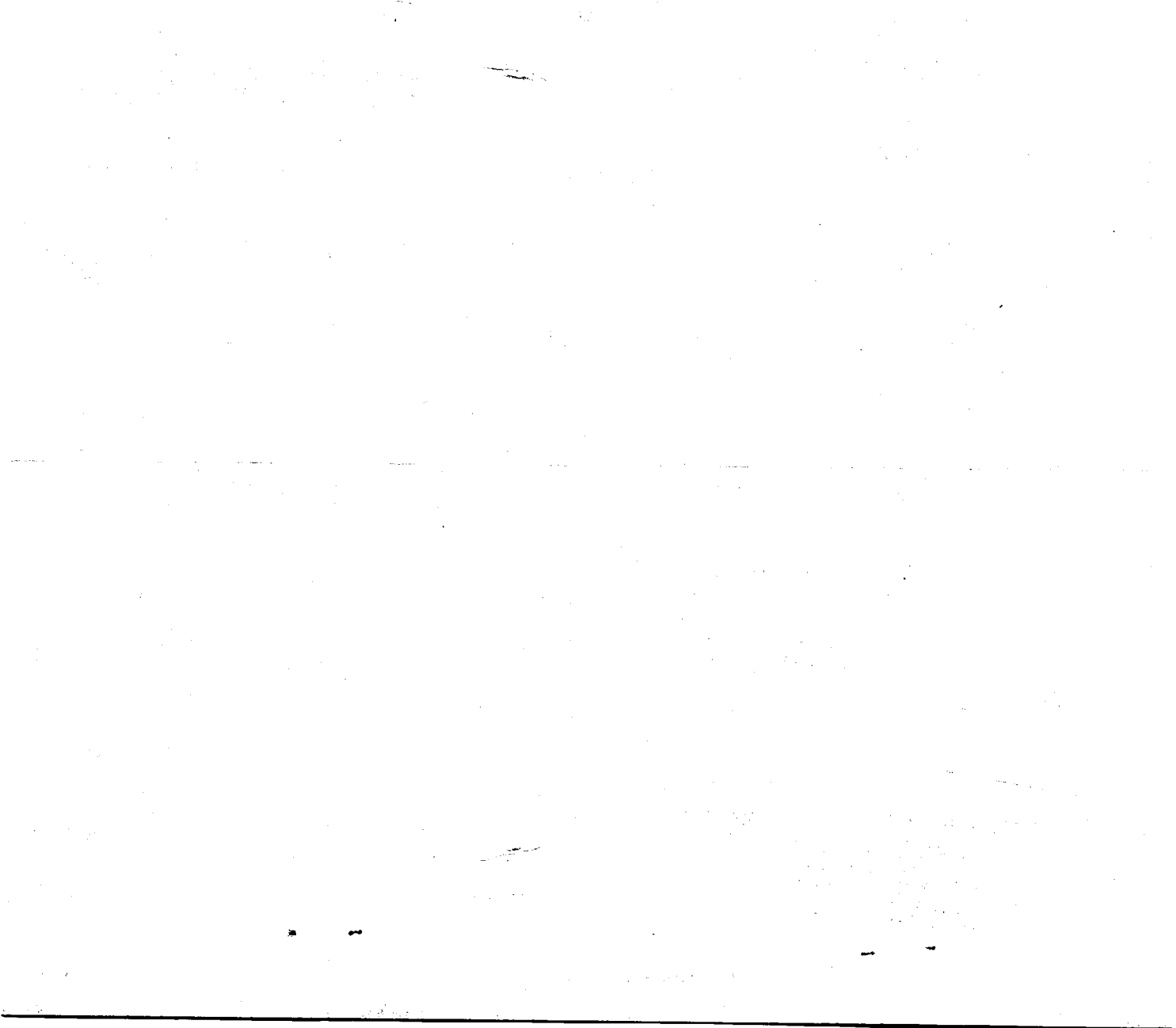
(Signed) O. P. Cole M. D.  
or x O. P. Cole Father  
\* Midwife

Address present address Southfork, Ashtabula

Filed June 7, 1937

Registrar.

Registrar.



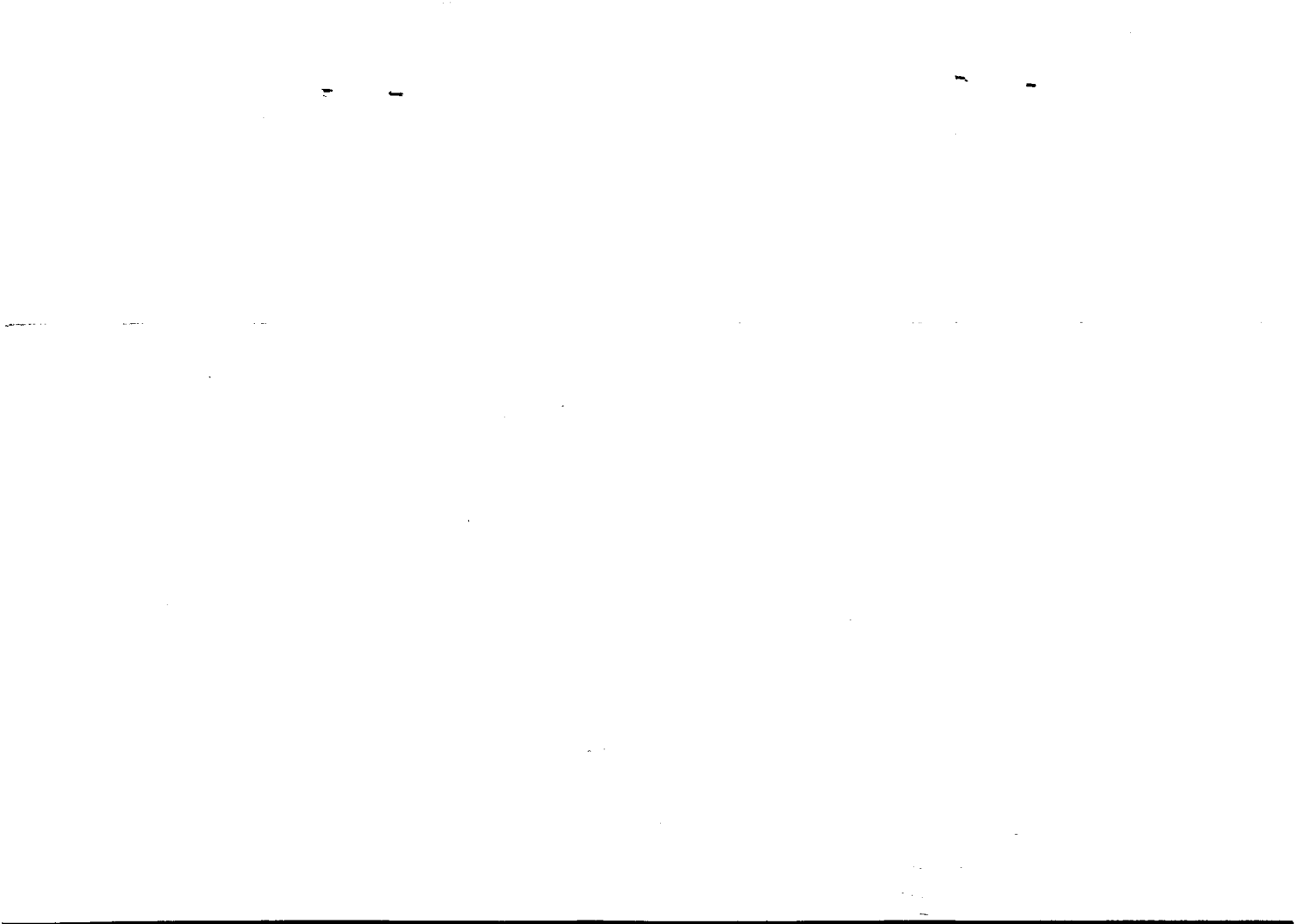
A F F I D A V I T

Orlando Percy Cole, being duly sworn upon oath,  
deposes and says that he is the Father of  
Ida Maree Cole; that she was born in Russell  
in Nez Perce County, Idaho, on March 5th 1897.

x O. P. Cole x

Subscribed and sworn to before me this 8th day of June. A.D. 1939

B. A. Snider  
a Notary Public in and for Saskatchewan  
Dominion of Canada  
my commission does not expire



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

1. PLACE OF BIRTH  
County of CANON  
City of Nampa  
No. A295710014815 St. JUL 10 1939

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280777

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD HENRY ROYAL KING

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth July 10, 1897 (Month, Day, Year)

9. Full name FATHER HOWARD Elliott KING

18. Full maiden name MOTHER CORNELIA Rebecca Handy

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho

11. Color or race White 12. Age at last birthday 33 (years)

20. Color or race White 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Indiana County Pennsylvania

22. Birthplace (city or place) (State or Country) Stockton, California

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Clothing

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

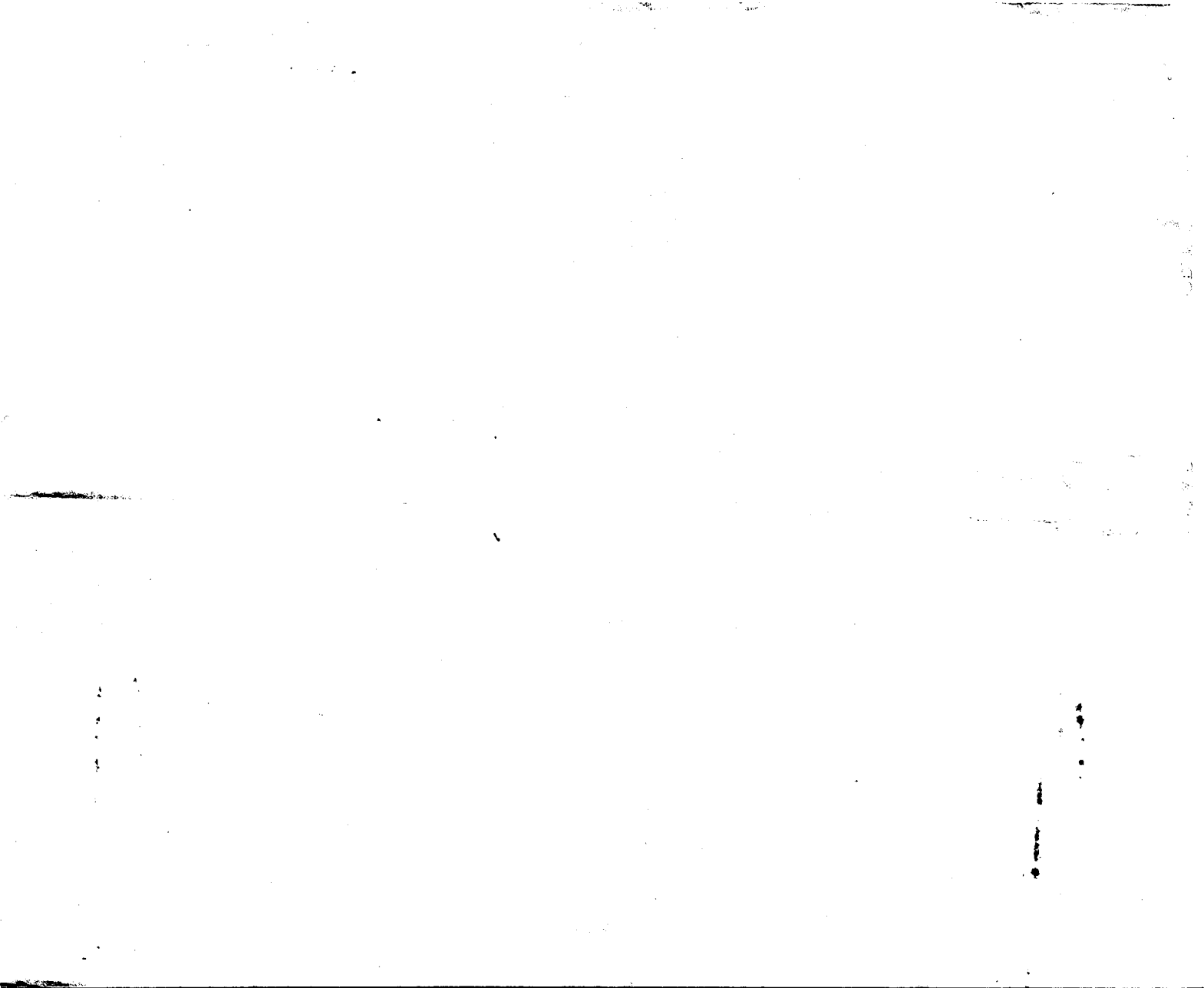
(Date of) \_\_\_\_\_

Filed JUL 10 1939, 193\_\_\_\_

Registrar.

Registrar.





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

State of Idaho }  
County of Canyon } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Cornelia R. King being first duly sworn says that  
she is the mother of Henry Royal King  
(Relationship of child)\*  
born July 10, 1897 at Nampa, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
ficate of birth of the said Henry Royal King  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that F. S. Kohler M. D. was the  
Midwife  
medical attendant at the birth of said Henry Royal King and that  
the said medical attendant is now deceased  
(Now deceased (or) cannot be located)

Name of Affiant Cornelia R. King  
P. O. Address 303-9th Ave So, Nampa, Idaho  
Subscribed and sworn to before me this 10th day of Aug, 1939  
[Signature]  
Notary Public.

Residing at \_\_\_\_\_, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 27 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

695-2071006-864  
1. PLACE OF BIRTH  
County of Bear Lake  
City of Montpelier  
No. \_\_\_\_\_ St. \_\_\_\_\_

JUL 22 1939

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. 281903

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD ANNIE AUGUSTA FINCH

3. Sex Fem. If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
mate? \_\_\_\_\_ 8. Date of birth Nov. 7 1897  
(Month, Day, Year)

9. Full name FATHER  
John Hart Finch  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Montpelier, Ida  
11. Color or race White | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) Murphysboro, Tenn  
(State or Country)

OCCUPATION 14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Railroad Brakeman  
15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year)  
last engaged in this work \_\_\_\_\_ 17. Total time (years) spent  
in this work \_\_\_\_\_, 19\_\_\_\_

18. Full maiden name MOTHER  
Claudia Young Finch  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Montpelier, Idaho  
20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) St. Charles, Idaho  
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. Housewife  
24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year)  
last engaged in this work \_\_\_\_\_ 26. Total time (years) spent  
in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child).  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks  
30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_  
Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

(Signed) Mrs Claudia Finch Mother

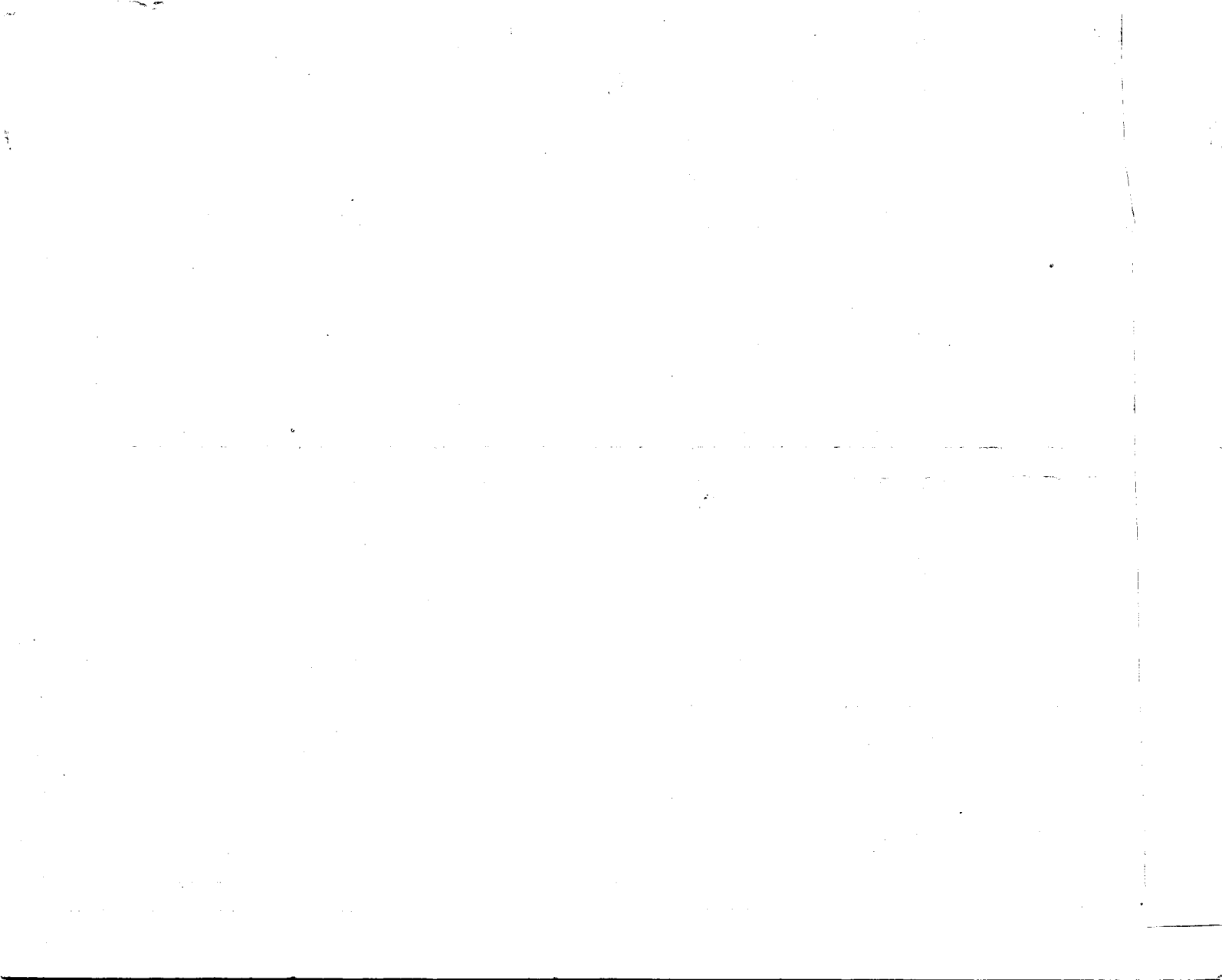
or 444 S 4th East, Midwife

Address \_\_\_\_\_

Filed JUL 22 1939, 193\_\_\_\_

Registrar.

Registrar.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

### AFFIDAVIT

State of Utah }  
County of Salt Lake } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Claudia Finch being first duly sworn says that  
she is the mother of Annie Augusta Finch  
(Relationship of child)\*  
born November 7, 1897 at Montpelier, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Claudia Finch desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Annie Augusta Finch  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hoover M. D. was the  
Midwife  
medical attendant at the birth of said \_\_\_\_\_ and that  
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

( Name of Affiant Mrs Claudia Finch.  
P. O. Address 444 South 4th East, Salt Lake City, Utah

Subscribed and sworn to before me this 20th day of July, 1939

Charles W. Lanning  
Notary Public.

Residence: Salt Lake City, Utah  
Residing at my Commission Expires May 9, 1941, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 817-192035-345  
PLACE OF BIRTH  
County of Nez Perce  
City of Lewiston Idaho  
No. \_\_\_\_\_ St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
JUL 24 1939  
CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. 281910

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Harry M. ~~James~~ Hagen

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Legitimate? yes 8. Date of birth Feb 19, 1899 (Month, Day, Year)

9. Full name FATHER Hans Lars Hagen

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston

11. Color or race White 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Oslo, Norway

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work May 1899 17. Total time (years) spent in this work 2 years

18. Full maiden name MOTHER Bertha Marie Lundebj

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston

20. Color or race White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Oslo Norway

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Signed) \_\_\_\_\_, M. D.

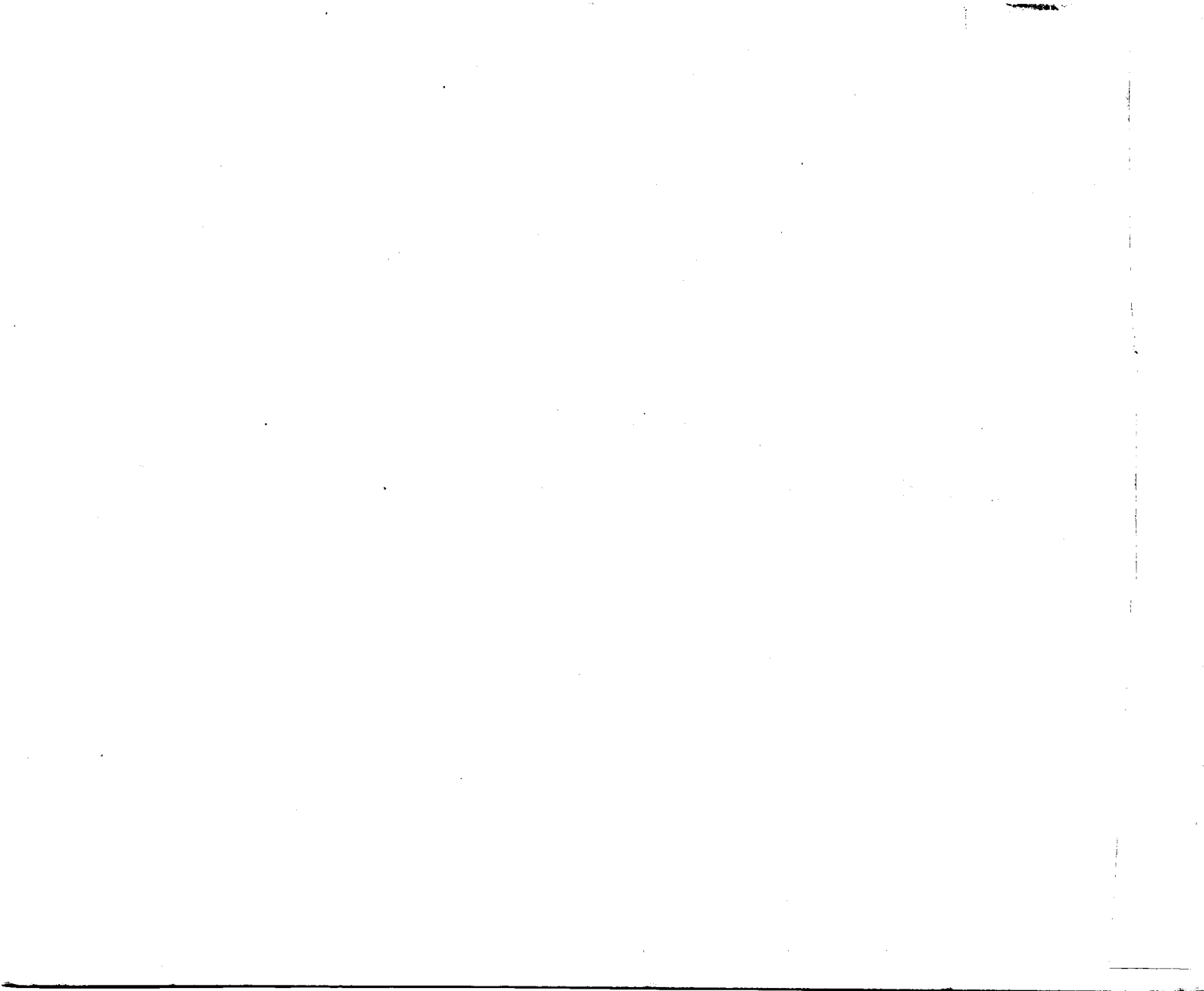
or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed JUL 24 1939, 193\_\_\_\_

Registrar.





# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Idaho } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Bertha M Hagen being first duly sworn says that  
she is the mother of Harry M Hagen  
(Relationship of child)\*  
born Feb'y 19th 1897 at Lewiston Idaho, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Harry M Hagen

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Phillips, (now deceased) M. D. was the  
Midwife  
medical attendant at the birth of said Harry M Hagen and that  
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Bertha M. Hagen  
P. O. Address Whitebird Idaho

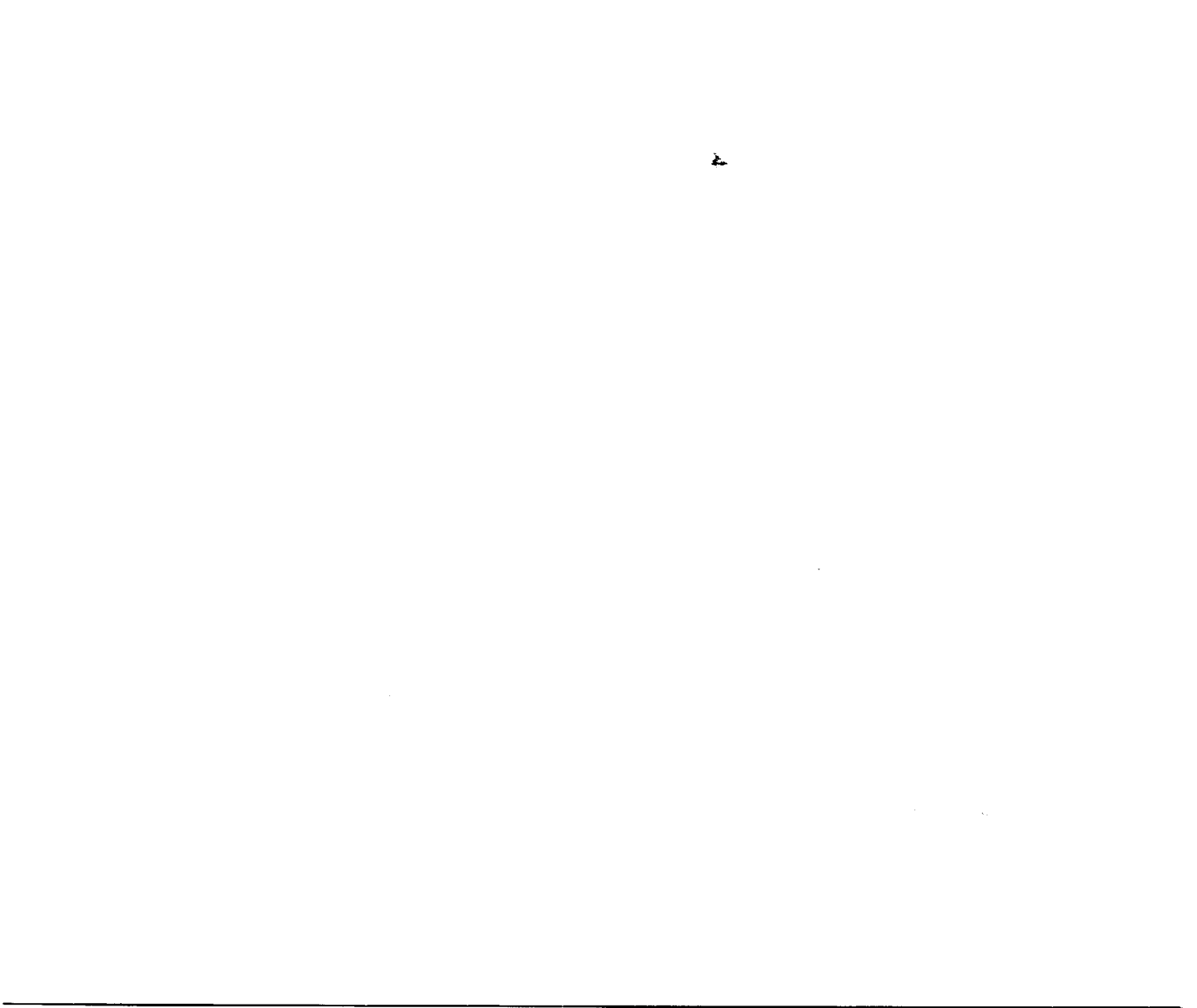
Subscribed and sworn to before me this 18th day of July, 19 39

W. M. Harris

Notary Public.

Residing at Grangeville, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

895-105-075-235

281964

1. PLACE OF BIRTH  
County of Nez Perce  
City of on fruit farm  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**RECEIVED**  
**AUG 4 1939**  
Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**

**281964**

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Fredrick Earl Hinman

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? _____	8. Date of birth <u>April 5</u> , 1897 (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER  
Arthur B. Hinman  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Farm, Idaho  
11. Color or race \_\_\_\_\_ | 12. Age at last birthday 33 (years)

18. Full maiden name MOTHER  
Agnes H. Stevens  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Farm, Idaho  
20. Color or race \_\_\_\_\_ | 21. Age at last birthday 34 (years)

13. Birthplace (city or place)  
(State or Country) Illinois

22. Birthplace (city or place)  
(State or Country) California

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. Housewife

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year)  
last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
17. Total time (years) spent  
in this work \_\_\_\_\_

25. Date (month and year)  
last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
26. Total time (years) spent  
in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation { months or weeks }  
30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

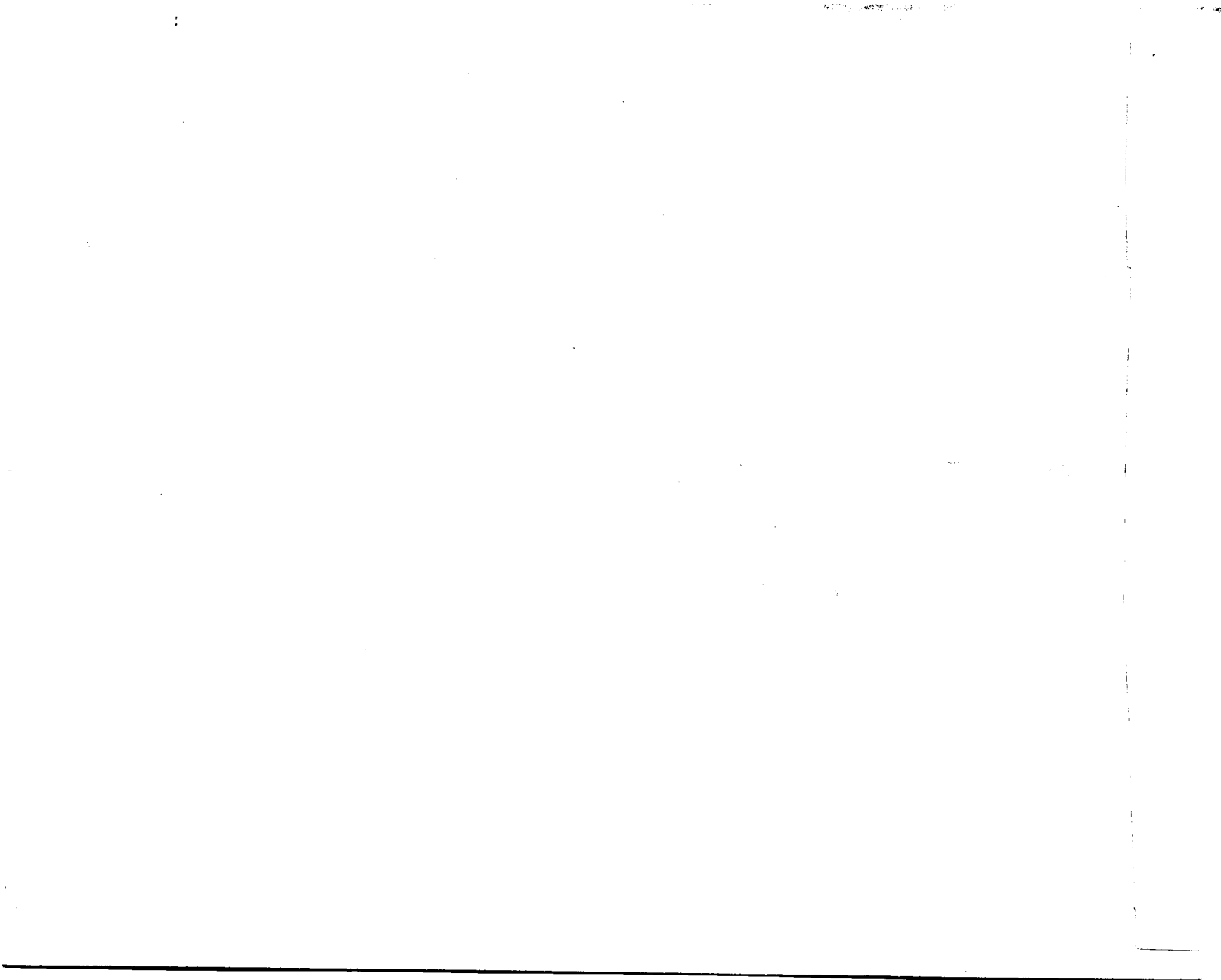
(Signed) Agnes H. Hinman, M. D.

or (mother), Midwife

Address Rt. Box 979, Bremerton, Washington

Filed Aug. 4, 1939

Registrar.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AUG 4 1939

State of Idaho }  
County of My Perce } ss.

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Agnes H. Hinman being first duly sworn says that  
she is the mother of Fredrick Earl Hinman  
(Relationship of child)\*  
born April 5, 1897 at fruit farm in My Perce County, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Hinman desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Fredrick Earl Hinman

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that J. B. Morris M. D. was the  
medical attendant at the birth of said Fredrick Earl Hinman and that  
the said medical attendant is now deceased  
(Now deceased (or) cannot be located)

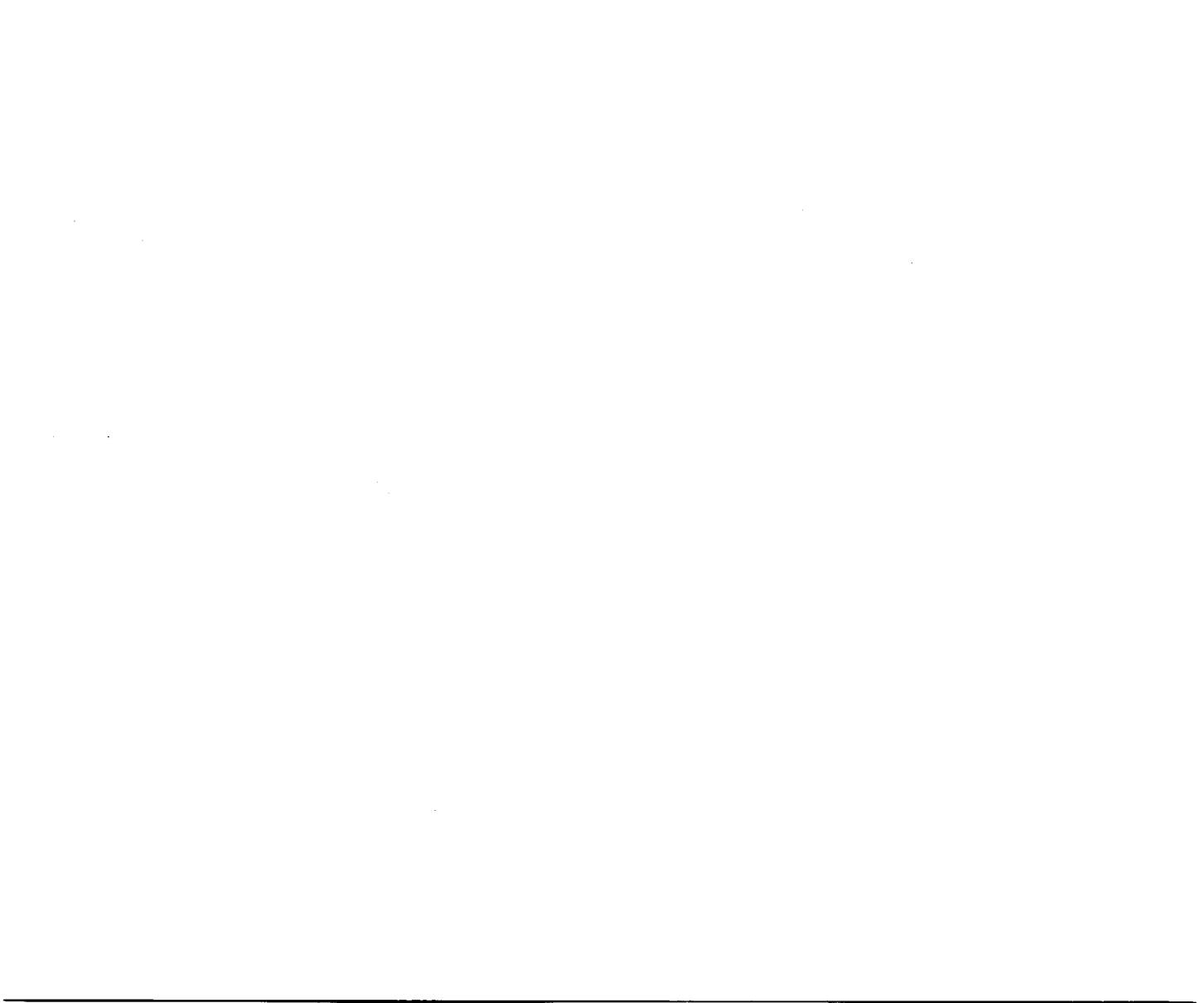
Name of Affiant Agnes H. Hinman  
P. O. Address P.O. Box 979 Brewerton, Ky

Subscribed and sworn to before me this 3 day of August, 1939.

Philip H. Hingulor  
CLERK OF THE DISTRICT COURT & Notary Public.

Residing at \_\_\_\_\_, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



1. 4413-22-010-893  
 PLACE OF BIRTH  
 County of Bonanza  
 City of Idaho Falls  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282972  
 282972

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
 (If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Myra Mae MacKay

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
 mate? \_\_\_\_\_ 8. Date of birth July 21, 1917  
 (Month, Day, Year)

9. Full name FATHER Thomas MacKay 18. Full maiden name MOTHER Julia Hill

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

11. Color or race white 12. Age at last birthday 37 (years) 20. Color or race \_\_\_\_\_ 21. Age at last birthday 17 (years)

13. Birthplace (city or place) (State or Country) Scotland 22. Birthplace (city or place) (State or Country) Idaho Falls

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mines 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_ 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

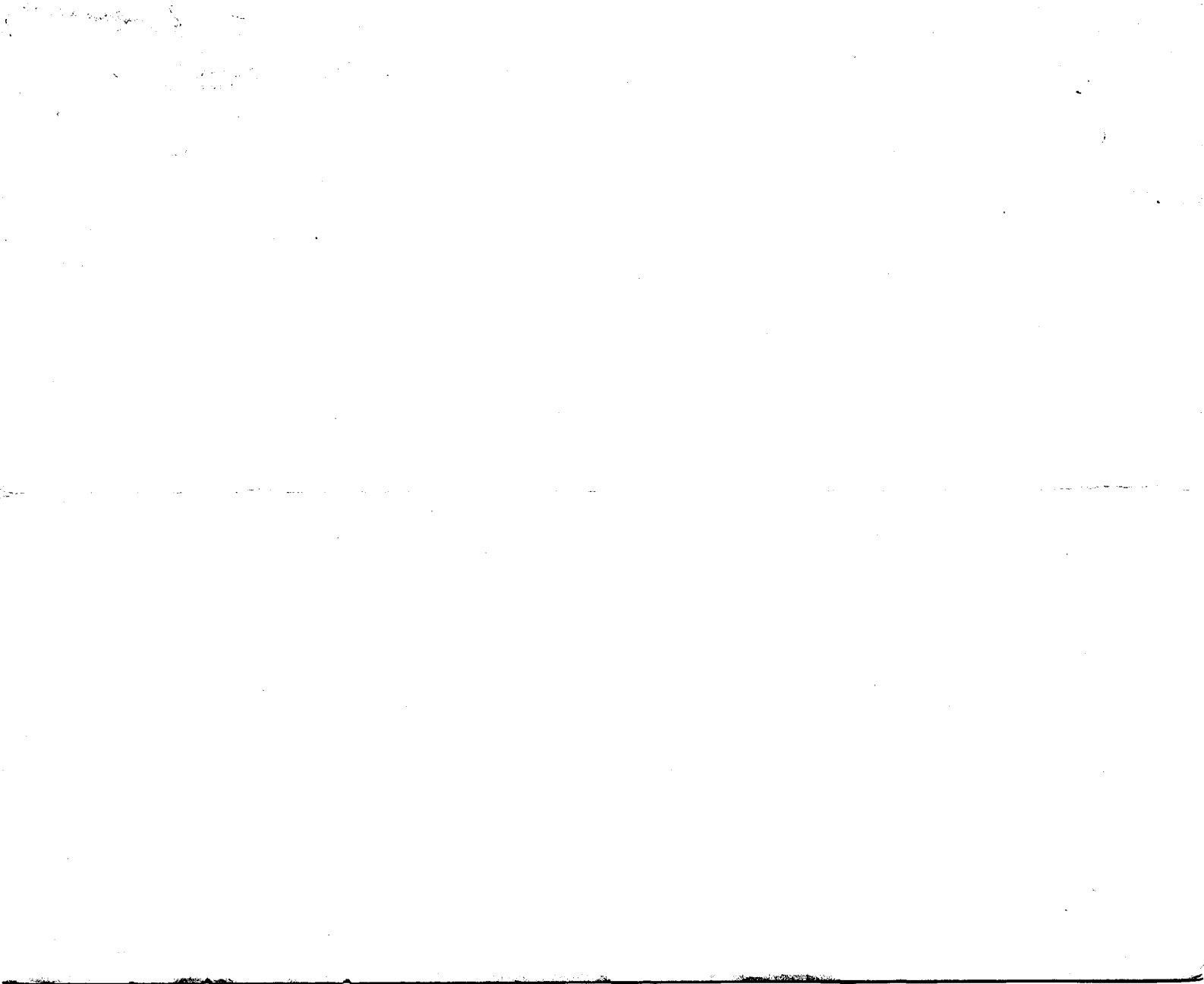
Address Pauline Hill Goodfellow

Filed AUG 25 1917, 1917

Registrar.

Registrar.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4395-122.035-659

1. PLACE OF BIRTH  
County of Nez Perce  
City of Mohler  
No. \_\_\_\_\_ St. \_\_\_\_\_  
At Home

AUG 29 1939

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

282991

(If born in hospital or institution give name) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Ernest Melvin Livengood

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term Full 7. Legitimate? Yes 8. Date of birth 7-22-1897 193  
(Month, Day, Year)

9. Full name John Livengood FATHER 18. Full maiden name Emma Ann Ferguson MOTHER

10. Residence (usual place of abode) Mohler, Ida. 19. Residence (usual place of abode) Mohler, Ida.  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 43 (years) 20. Color or race W 21. Age at last birthday 40 (years)

13. Birthplace (city or place) West Baden, Ind. 22. Birthplace (city or place) Holden  
(State or Country) Indiana (State or Country) Cass County, Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeping

16. Date (month and year) last engaged in this work 1897 17. Total time (years) spent in this work 25 years 25. Date (month and year) last engaged in this work 1897 26. Total time (years) spent in this work 20 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) Seven  
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed AUG 29 1939, 193

Registrar.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Nez Perce } ss.

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma A. Livengood being first duly sworn says that  
She is the Mother of Ernest Melvin Livengood  
(Relationship of child)\*  
born July Twenty-second- 1897 at Mohler, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ernest Melvin Livengood.

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Mary J. Hays M. J. Hays was the  
medical attendant at the birth of said Ernest Melvin Livengood Midwife and that  
the said medical attendant is deceased

(Now deceased (or) cannot be located)

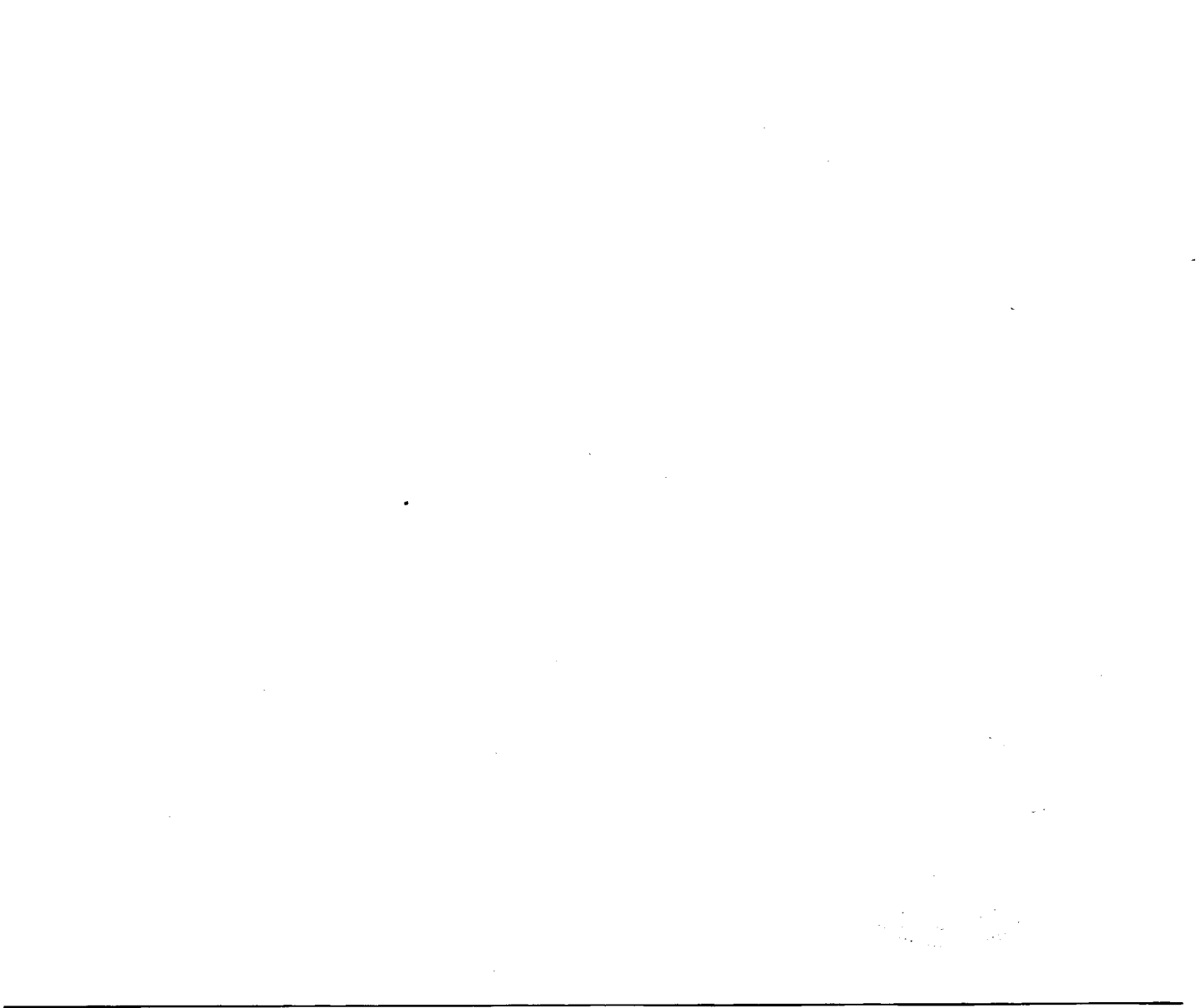
Name of Affiant Ernest Livengood

P. O. Address Lapwai, Idaho.

Subscribed and sworn to before me this 26th, day of August, 1939.

John L. Phillips  
Residing at Lewiston, Idaho.  
Notary Public.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 4063-208235-319  
PLACE OF BIRTH  
County of Nev. Pacer  
City of Harvest  
No. \_\_\_\_\_ St. \_\_\_\_\_

RECEIVED  
SEP 13 1939

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

282595  
283095

(If born in hospital or institution give name.)

Registration District No. \_\_\_\_\_

State File No. \_\_\_\_\_

2. FULL NAME OF CHILD

Caroline Signee Holce

3. Sex \_\_\_\_\_ If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Legitimate? yes 8. Date of birth Feb. 8, 1931  
(Month, Day, Year)

9. Full name FATHER  
Hans Eric Holce  
10. Residence (usual place of abode)  
(If non-resident, give place and State)  
11. Color or race white 12. Age at last birthday 39 (years)  
13. Birthplace (city or place)  
(State or Country) Stranger  
Norway

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
16. Date (month and year) last engaged in this work Feb. 8, 1931  
17. Total time (years) spent in this work Five yrs.

18. Full maiden name MOTHER  
Andrea Olive Larsen  
19. Residence (usual place of abode)  
(If non-resident, give place and State)  
20. Color or race white 21. Age at last birthday 36 (years)  
22. Birthplace (city or place)  
(State or Country) E. Rensand  
Norway

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home  
25. Date (month and year) last engaged in this work Feb 8, 1931  
26. Total time (years) spent in this work Five years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
Four  
(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn 1  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks  
30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Signed) \_\_\_\_\_, M. D.

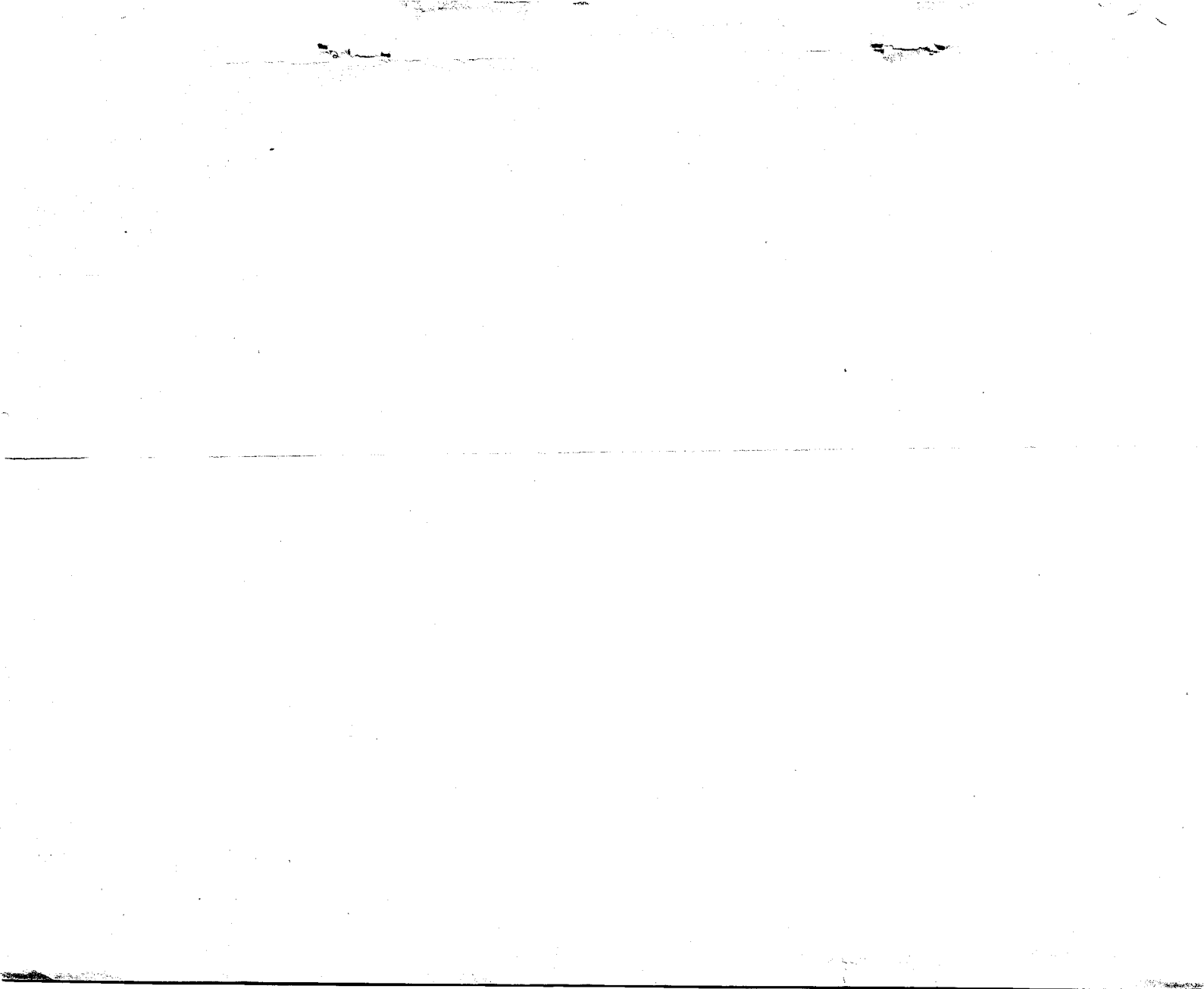
or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed \_\_\_\_\_, 1931

Registrar.

SEP 13 1939



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

State of Idaho }  
County of Nez Perce } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Cora Emily Holey (Schaffner) being first duly sworn says that  
she is the sister of Caroline Signee Holey  
(Relationship of child)\*  
born February 8 1897 at Forest, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that Caroline Signee Holey desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
ficate of birth of the said Caroline Signee Holey  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that D. M. Holey M. D. was the  
medical attendant at the birth of said Caroline Signee Holey Midwife  
and that  
the said medical attendant is deceased  
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Cora Emily Holey (Schaffner)  
P. O. Address Ford, Washington  
Subscribed and sworn to before me this 1st day of Feb, 1929

Springdale, Wash. Notary Public.  
Residing at Idaho

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



1. 1. 1.

1. 1. 1.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Bozeman  
City of Wallace  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 283167

(If born in hospital or institution give name.)

Registration District No. 70 State File No. \_\_\_\_\_  
Prim. Registration District No. 1011 Local Registrar's No. 31

2. FULL NAME OF CHILD Edwin Muel Hazelwood

3. Male If plural births { 4. Twin, triplet, or other. \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_  
6. Premature. \_\_\_\_\_ Full term yes  
7. Legiti- mate yes  
8. Date of birth Dec 18 1897  
(Month, Day, Year)

9. Full name FATHER Frank L. Hazelwood

18. Full maiden name MOTHER Eva Chavinger

10. Residence (usual place of abode)  
(If non-resident, give place and State) Wallace

19. Residence (usual place of abode)  
(If non-resident, give place and State) Wallace

11. Color or race. \_\_\_\_\_ | 12. Age at last birthday 28 (years)

20. Color or race. \_\_\_\_\_ | 21. Age at last birthday 28 (years)

13. Birthplace (city or place)  
(State or Country) Port Huron Mich.

22. Birthplace (city or place)  
(State or Country) Nebraska

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harbored

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hw.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_

17. Total time (years) spent in this work 20 yrs.

25. Date (month and year) last engaged in this work \_\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) John A. Buer, M. D.

or \_\_\_\_\_, Midwife

Address Seattle Wash.

Filed Aug 23, 1939 John A. Buer

Registrar.

1-4-47  
Certified Copy issued Dec. 6, 1940. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Washington  
City of Salubria, Ida  
No. 655722044533 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285452

NOV 3 1939

(If born in hospital or institution give name.)

Prim. Registration District No.

State File No.

Local Registrar's No.

2. FULL NAME OF CHILD Robert Elton Over

3. Sex Male If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature X Full term. 7. Legitimate? X 8. Date of birth Nov. 22, 1897 (Month, Day, Year)

9. Full name FATHER Urban mead Over

18. Full maiden name MOTHER Barrie Ida Elton

10. Residence (usual place of abode) (If non-resident, give place and State) Salubria, Ida.

19. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 32 (years)

20. Color or race white 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Glarion Co. Pennsylvania

22. Birthplace (city or place) (State or Country) Ogunka, Illinois.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper since marriage

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work Nov. 1897

17. Total time (years) spent

in this work 2 1/2 yrs

25. Date (month and year) last engaged in this work Feb. 1896

26. Total time (years) spent

in this work 2 1/2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living X (b) Born alive but now dead (c) Stillborn

29. If stillborn,

period of gestation

{ months or weeks

30. Cause of Stillbirth

{ Before labor

{ During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) \_\_\_\_\_, M. D.

or

Urban mead Over Father

Filed 11-2-39 193

Registrar.

DELAYED

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

NOV 15 1939

State of..... IDAHO .....  
County of..... Washington .....

SS.

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... Carrie Ida Over ..... being first duly sworn says that  
she ..... is the ..... mother ..... of ..... Robert Elton Over .....  
(Relationship of child)\*  
born ..... November 22, 1897 ..... at ..... Salubria ..... , Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that ..... she ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said ..... Robert Elton Over .....

..... hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that ..... W. M. Brown ..... M. D. was the  
medical attendant at the birth of said ..... Robert Elton Over ..... Midwife  
the said medical attendant is ..... cannot be located ..... and that

(Now deceased (or) cannot be located)

Name of Affiant ..... Carrie Ida Over .....

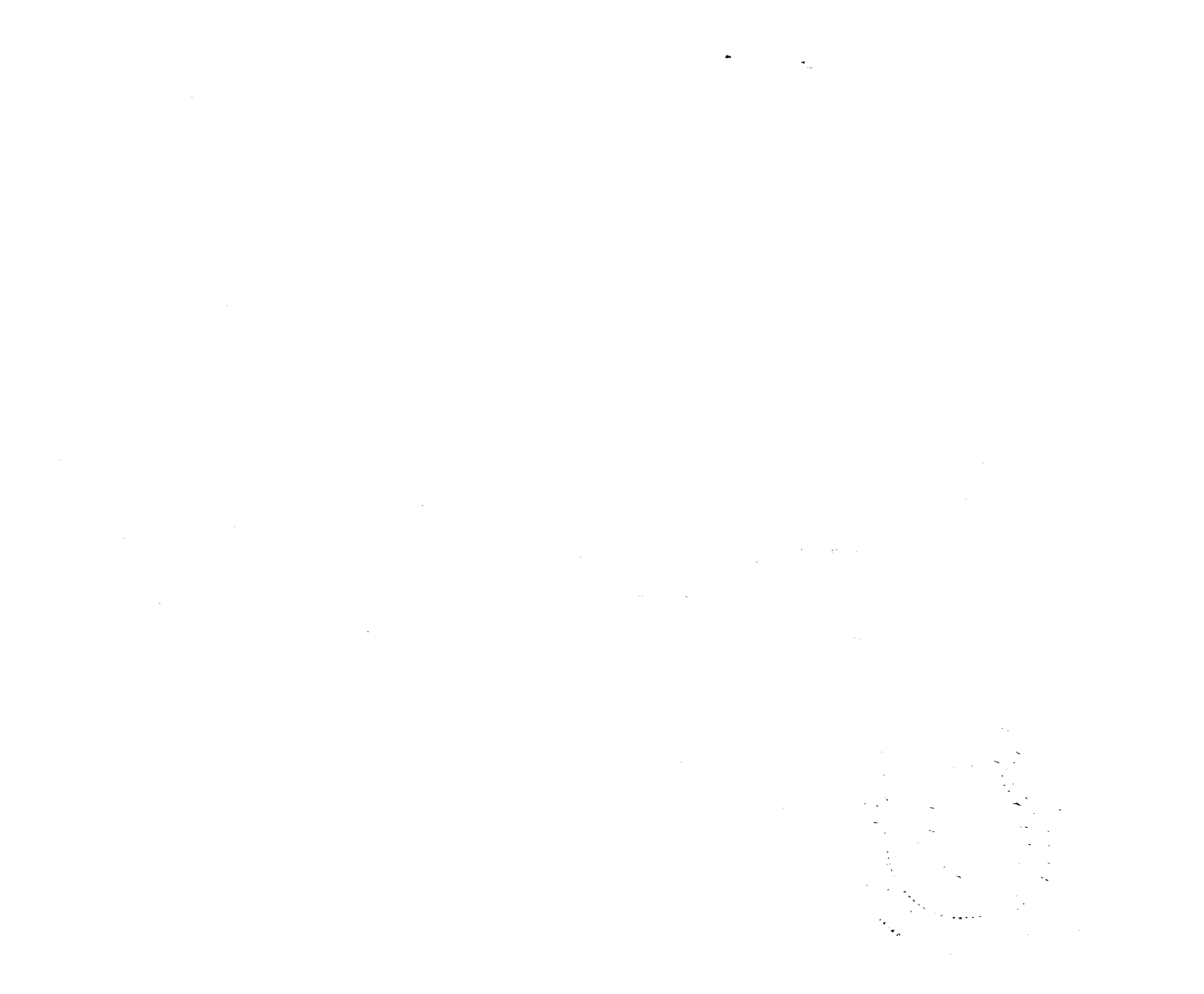
P. O. Address ..... Cambridge, Idaho .....

Subscribed and sworn to before me this ..... 13th ..... day of ..... November ..... , 19<sup>39</sup>

..... Margaret Uoehl .....  
Notary Public.

Residing at ..... Cambridge, Idaho ..... , Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth states.

1. PLACE OF BIRTH  
County of Owyhee  
City of Silver City  
No. A251724-037768 St. NOV 2 1939

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

Registration District No. \_\_\_\_\_ State File No. 285486

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Joseph Delancy Beary

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 24</u> , <u>1897</u> (Month, Day, Year)
-----------------------	--	---------------------------------------	---------------------------	--

9. Full name FATHER  
William Henry Beary

10. Residence (usual place of abode)  
(If non-resident, give place and State) Silver City, Idaho

11. Color or race Wh | 12. Age at last birthday 37 (years)

13. Birthplace (city or place)  
(State or Country) Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19 \_\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER  
Hannah Joyce

19. Residence (usual place of abode)  
(If non-resident, give place and State) Silver City, Idaho

20. Color or race Wh | 21. Age at last birthday 34 (years)

22. Birthplace (city or place)  
(State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19 \_\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of Stillbirth \_\_\_\_\_ { Before labor. During labor.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed Nov. 22, 1939 Maggie G. Atwood  
State Registrar.



DELAYED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Ada } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Joseph Delancy Beary being first duly sworn says that

he ~~is the~~ <sup>son</sup> of ~~was~~ <sup>was</sup>  
(Relationship of child)\*

born April 24, 1897 at Silver City, Idaho, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of ~~himself~~ himself

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the  
Midwife  
medical attendant at the birth of said and that  
the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1939-

Residing at

Notary Public.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



286532

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DEC 1 1939

## CERTIFICATE OF BIRTH

286532

Registration District No. 20

State File No.

Prim. Registration District No. 2051 Local Registrar's No. 952

1. PLACE OF BIRTH  
County of Boonville  
City of \_\_\_\_\_  
No. Hansen Lake

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Anna Adeline Albright

3. Sex F If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 5. Number, in order of birth. \_\_\_\_\_ }  
6. Premature \_\_\_\_\_ Full term X 7. Legitimate? yes 8. Date of birth March 5, 1897  
(Month, Day, Year)

9. Full name <u>Amel Albright</u> FATHER		18. Full maiden name <u>Mary Hortense Bauer</u> MOTHER	
10. Residence (usual place of abode) <u>Hansen Lake</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Hansen Lake</u> (If non-resident, give place and State)	
11. Color or race <u>W</u> 12. Age at last birthday <u>40</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) <u>Saxon</u> (State or Country) <u>Germany</u>		22. Birthplace (city or place) <u>Belgium</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saw mill</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>owner</u>		25. Date (month and year) last engaged in this work <u>March, 1897</u>	
16. Date (month and year) last engaged in this work <u>March, 1897</u>		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 3  
(a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 a. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

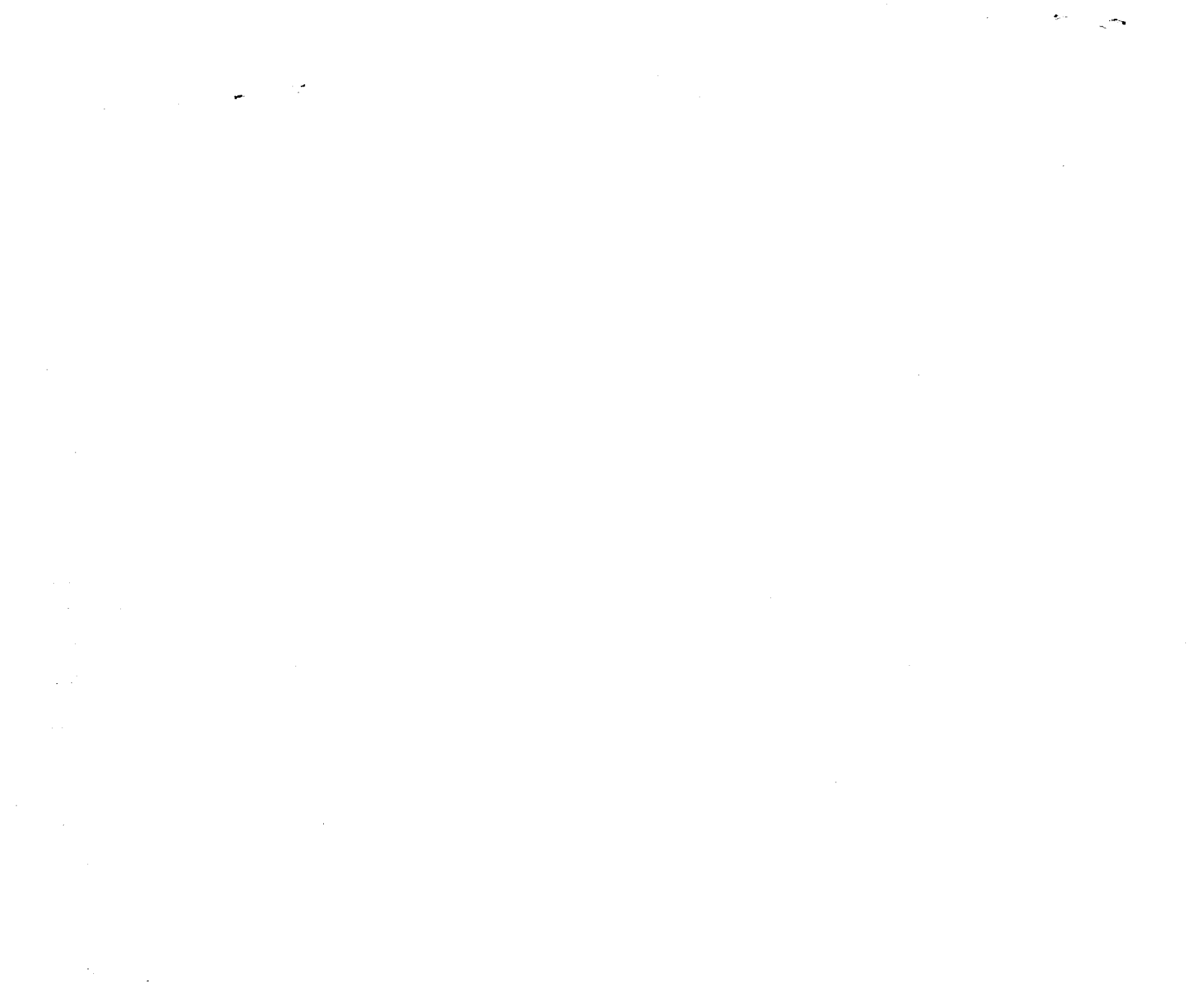
(Signed) \_\_\_\_\_, M. D.

or Mary H. Albright, MidwifeAddress Post Falls, Idaho R.R. 2 (Hansen Lake)Filed 11-28, 1939 A. H. Keencomb, M. D.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Kootenai } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Mary H. Ulbright being first duly sworn says that  
she is the mother of Anna Adeline Ulbright  
(Relationship of child)\*  
born March 5, 1897 at Hauser Lake, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Anna Adeline Ulbright  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Catherine Bauer M.D. was the  
Midwife  
~~medical~~ attendant at the birth of said Anna Adeline Ulbright and that  
the said ~~medical~~ attendant is now deceased  
(Now deceased (or) cannot be located)

Name of Affiant Mary H. Ulbright  
P. O. Address Route #2 Post Falls Idaho

Subscribed and sworn to before me this 28 day of Nov, 1939

Jas. A. Foster  
Notary Public.

Clerk of the District Court  
Residing at Ex-Officio Auditor and Recorder, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

951 127 033-892

286535

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DEC 4 1939

CERTIFICATE OF BIRTH 286535

1. PLACE OF BIRTH  
County of Madison  
City of Rephung  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 631 State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. 2128 Local Registrar's No. 249

2. FULL NAME OF CHILD Harold Hibbard Evans

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>Nov 27, 1897</u> (Month, Day, Year)
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9. Full name of FATHER John Lloyd Evans  
10. Residence (usual place of abode) (If non-resident, give place and State) Rephung  
11. Color or race W 12. Age at last birthday 38 (years)

18. Full maiden name of MOTHER Emma Hibbard  
19. Residence (usual place of abode) (If non-resident, give place and State) Rephung  
20. Color or race W 21. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Salt Lake City, Utah  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

22. Birthplace (city or place) (State or Country) Willard, Utah  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 6 (At time of this birth and including this child) 6  
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ }  
30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Signed) Dr. George E. Hyde M. D.  
(Deceased), Midwife  
Address \_\_\_\_\_

(Date of)

Filed 12-2-, 1939 Mrs. H. Young Registrar

Registrar.





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

State of Idaho }  
County of Madison } ss. **AFFIDAVIT**  
(To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Mary Beck being first duly sworn says that  
she is the sister of Harold Hibbard Evans  
(Relationship of child)\*  
born November 27, 1897 at Rexburg, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Harold Hibbard Evans  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that George E. Hyde M. D. was the  
medical attendant at the birth of said Harold Hibbard Evans Midwife  
and that  
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Mary Beck

P. O. Address Rexburg Idaho

Subscribed and sworn to before me this 2nd day of December, 1939

Al Stewart  
Notary Public.

Residing at Rexburg, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

317207 03 1-493

1. PLACE OF BIRTH  
County of Boyer  
City of Thurmond, Ida.  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Bessie Jean Lawson

3. Sex F. If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 3/4/1899 (Month, Day, Year)

9. Full name FATHER Hiram D. Lawson 18. Full maiden name MOTHER Julia Ann Mitchell

10. Residence (usual place of abode) (If non-resident, give place and State) Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Ida.

11. Color or race W. 12. Age at last birthday 40 (years) 20. Color or race W. 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Ark. 22. Birthplace (city or place) (State or Country) Tenn.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

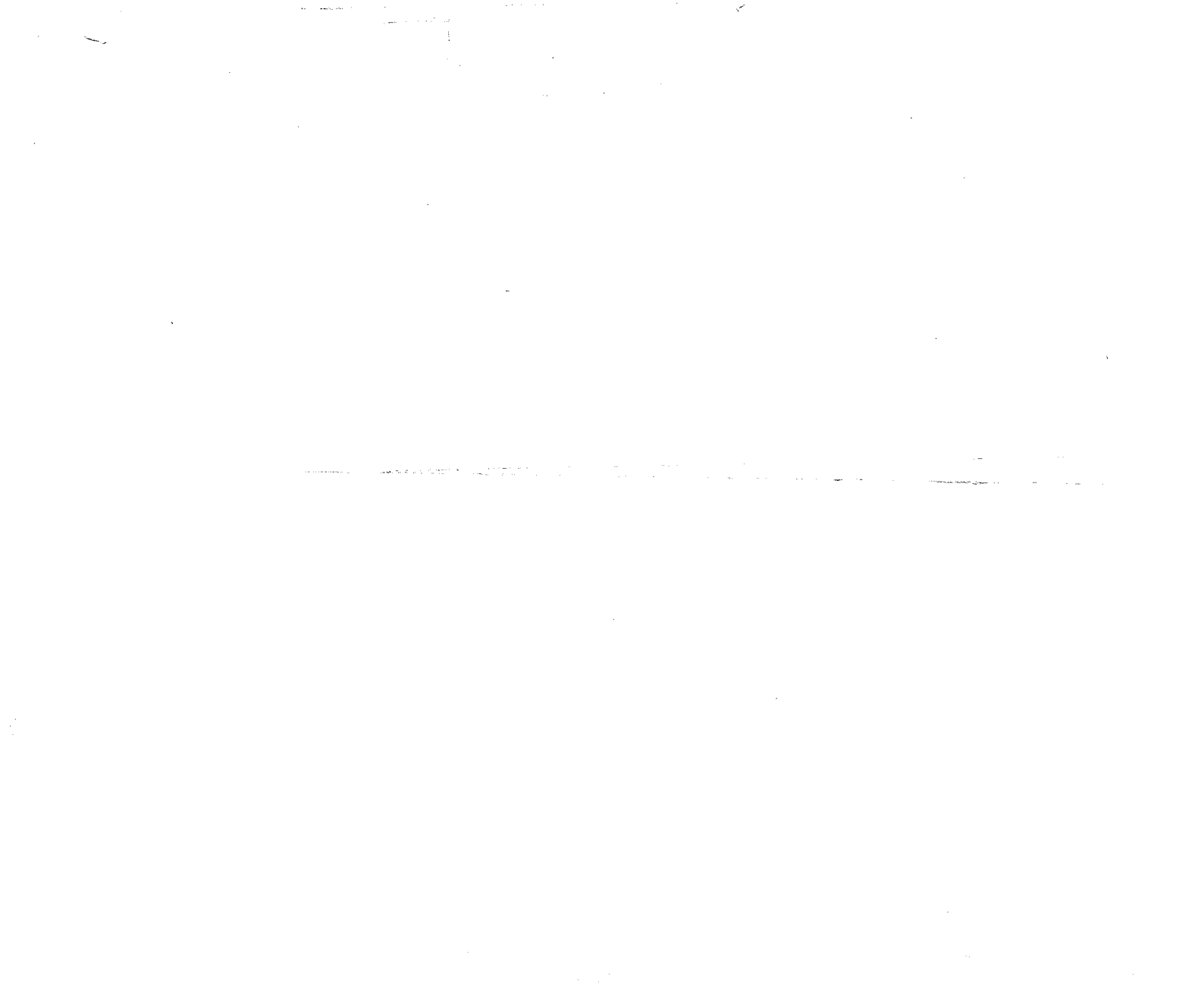
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) M. E. Cox, M. D. Midwife  
or Mary E. Miley  
Address Thurmond, Ida.  
Filed Nov. 25, 1939 Mary E. Miley Registrar.



WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

384-118-5-4  
1. PLACE OF BIRTH  
County of Banneck  
City of Pocatello  
No. #455 South Arthur St.  
Pocatello, Idaho

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Daniel W. Church (Daniel Whipple Church)

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Mch. 18</u> , 1897 (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>yes</u>		

9. Full name FATHER  
Daniel Whipple Church  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Pocatello, Ida  
11. Color or race white 12. Age at last birthday 38 (years)  
13. Birthplace (city or place) Mankato,  
(State or Country) Minnesota

OCCUPATION  
14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.  
15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. Real Estate  
16. Date (month and year)  
last engaged in this work  
May 1, 1908  
17. Total time (years) spent  
in this work 12

18. Full maiden name MOTHER  
Chloe Lydia Ramsey  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Pocatello, Ida  
20. Color or race white 21. Age at last birthday 28 (years)  
22. Birthplace (city or place) Erie,  
(State or Country) Penn.  
23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. housekeeper  
24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.  
25. Date (month and year)  
last engaged in this work  
\_\_\_\_\_, 19\_\_\_\_  
26. Total time (years) spent  
in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none  
29. If stillborn, period of gestation { months or weeks }  
30. Cause of stillbirth { Before labor..... During labor..... }

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Chloe Lydia Church Mother MCK

or \_\_\_\_\_ Midwife

Address 429 N. Mainfield, Pocatello, Ida.

Filed DEC 26, 1933

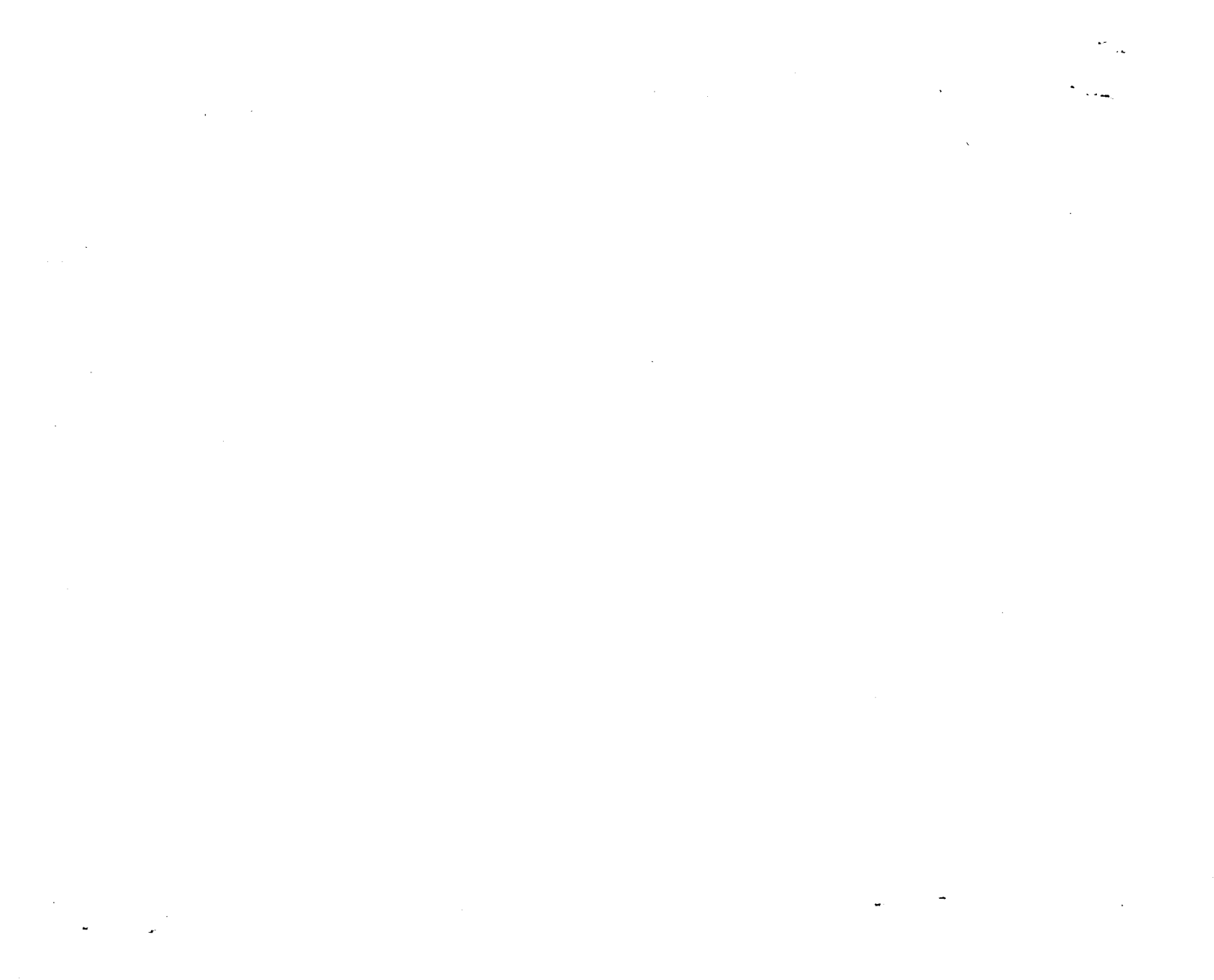
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Barnock } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

### AFFIDAVIT

Chloe Lydia Church being first duly sworn says that  
she is the Mother of Daniel W. Church  
(Relationship of child)\*  
born March 18, 1897 at Pocatello, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Daniel W. Church

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. O. B. Steeley M. D. was the  
medical attendant at the birth of said Daniel W. Church ~~midwife~~ and that  
the said medical attendant is Deceased

(Now deceased (or) cannot be located)

Name of Affiant Chloe Lydia Church  
P. O. Address Pocatello, Idaho.

Subscribed and sworn to before me this 23d day of December, 19 39

Earle C. White

Notary Public.

Residing at Pocatello, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



6-11

6-12

6-13

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

214 113 029 819

288817

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
RECEIVED  
JAN 27 1940  
CERTIFICATE OF BIRTH  
Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

1. PLACE OF BIRTH  
County of Latah  
City of Genesee  
No. \_\_\_\_\_ St. \_\_\_\_\_

2. FULL NAME OF CHILD Harland Horace Sampson

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth January 13 1930 (Month, Day, Year)

9. Full name Horace Sampson FATHER  
10. Residence (usual place of abode) Bureka, Montana  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 39 (years)  
13. Birthplace (city or place) Eugene, Oregon  
(State or Country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming & Stock Raising  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm  
16. Date (month and year) last engaged in this work February 1899 19\_\_\_\_  
17. Total time (years) spent in this work 30 years

18. Full maiden name Cora K. Harris (Sampson) MOTHER  
19. Residence (usual place of abode) Bureka, Montana  
(If non-resident, give place and State)  
20. Color or race White 21. Age at last birthday 27 (years)  
22. Birthplace (city or place) Darlington, Wisconsin  
(State or Country)

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work Jany. 1940 19\_\_\_\_  
26. Total time (years) spent in this work 50 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown  
28. Number of children of this mother (At time of this birth and including this child) one  
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None  
29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor or Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:00 A.M. the date above stated.  
(Born Alive or Stillborn)

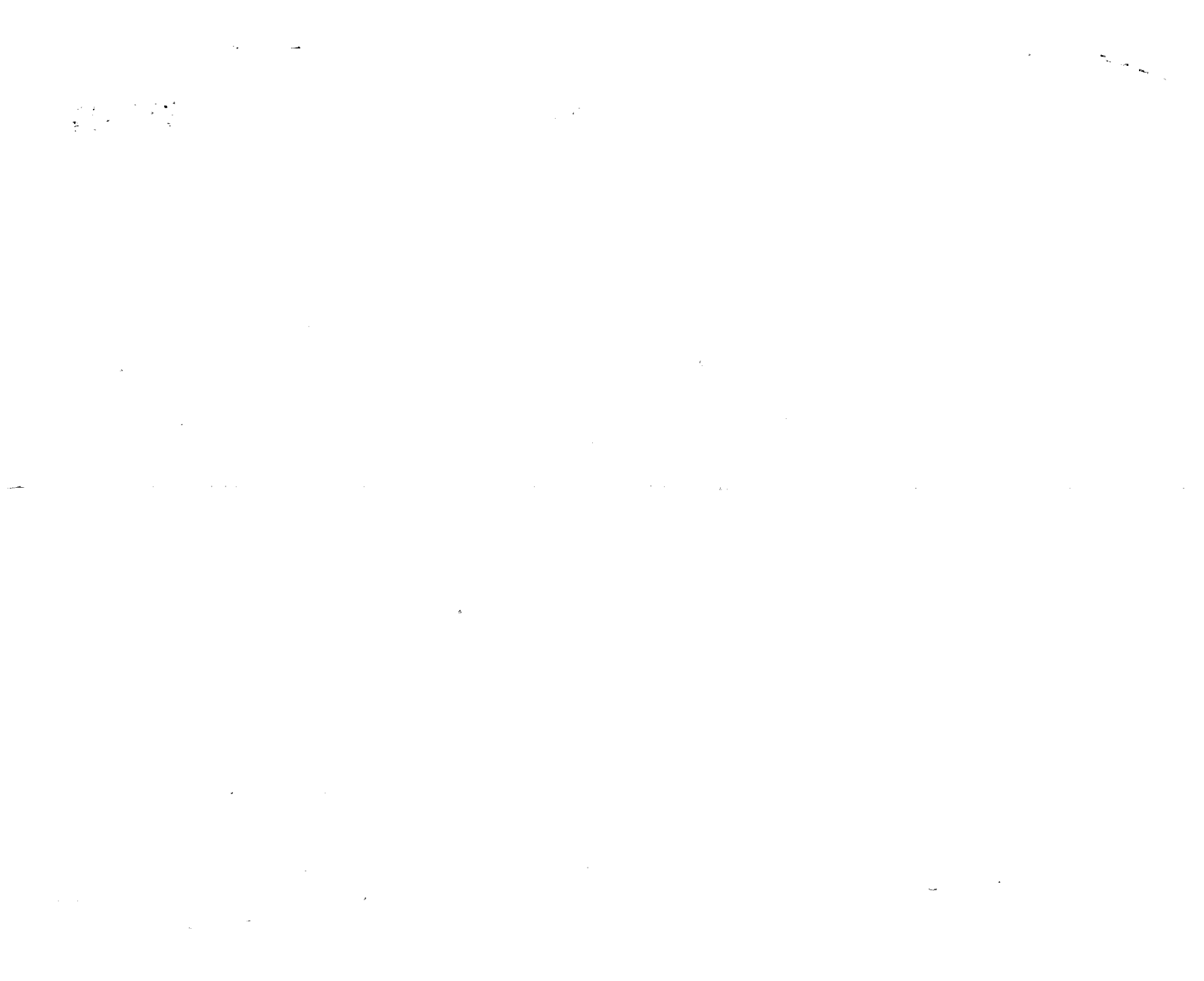
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X Horace Sampson Father

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Address Bureka, Montana

Filed Jan, 1940 Registrar. Registrar.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Montana  
County of Lincoln

ss.

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cora K. (Harris) Sampson being first duly sworn says that  
she is the Mother of Harland Horace Sampson  
(Relationship of child)\*  
born January 13th, 1897 at Gemeseo, Latah County, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harland Horace Sampson  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Conant M. D. was the  
medical attendant at the birth of said Harland Horace Sampson Midwife  
and that  
the said medical attendant is now deceased  
(Now deceased (or) cannot be located)

Name of Affiant Cora K. (Harris) Sampson  
P. O. Address Burke, Montana

Subscribed and sworn to before me this 24th day of January, 1940.

[Signature]  
Notary Public.

My Commission expires February 6th, 1941 Residing at Burke, Montana, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

432 17028 695

1. PLACE OF BIRTH  
County of Benewah Montana FEB 12 1940  
City of Elmira  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

2888910

CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Clarence Felix McKenzie

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_ 8. Date of birth Nov. 7, 1897  
(Month, Day, Year)

9. Full name FATHER  
Dan McKenzie

18. Full maiden name MOTHER  
Minnie Winchester (now deceased)

10. Residence (usual place of abode)  
(If non-resident, give place and State) Samuels, Idaho

19. Residence (usual place of abode)  
(If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 22 (years)

20. Color or race White 21. Age at last birthday 22 (years)

13. Birthplace (city or place)  
(State or Country) Kansas

22. Birthplace (city or place)  
(State or Country) Nebraska

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. farm

16. Date (month and year) last engaged in this work present date 17. Total time (years) spent in this work 31

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother? no list (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Daniel M. Kenzie, M.D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

(Date of) \_\_\_\_\_

Filed Feb, 1940

Registrar.

Registrar.

DIV OF 92-282211

BOTH  
DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. ASS-217.028-855  
PLACE OF BIRTH  
County of \_\_\_\_\_  
City of Coeur D'Alene, Idaho  
No. \_\_\_\_\_ St. \_\_\_\_\_

**APR 3 1940**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH 291016**

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. **FULL NAME OF CHILD** Florence Caroline Hengen

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 17</u> 1897 <u>193</u> (Month, Day, Year)
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9. Full name <u>FREDERICK W. Hengen</u>	18. Full maiden name <u>GUSTIA JOHNSON Hengen</u>
---	---

10. Residence (usual place of abode) <u>Soldier at Fort Sherman, Id</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Ft. Sherman, Ida</u> (If non-resident, give place and State)
--	---

11. Color or race <u>White</u>	12. Age at last birthday <u>27</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>25</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) <u>Lafayette, Indiana</u> (State or Country)	22. Birthplace (city or place) _____ (State or Country) <u>Sweden</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Soldier, 16th U.S. Infantry</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
---	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 1 (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed APR 3 1940 193\_\_\_\_

Registrar.



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# STATE OF IDAHO

291016

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

### AFFIDAVIT

State of Utah }  
County of Salt Lake } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gustie Hengen being first duly sworn says that  
she is the mother of Florence Caroline Hengen  
(Relationship of child)\*  
born July 17th, 1897 at Fort Sherman, Coeur D'Alene, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Florence Caroline Hengen

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Mrs. Brainard M.D. was the  
medical attendant at the birth of said Florence Caroline Hengen and that  
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Gustie Hengen  
P. O. Address 739, Browning Avenue, Salt Lake City, Utah

Subscribed and sworn to before me this 29th day of March, 1940

*Gustie Hengen*

Notary Public.

Residing at Salt Lake City, Utah Idaho

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. <sup>866-1001-864</sup> PLACE OF BIRTH  
County of Ada  
City of Meridian  
No.        Idaho St.

RECEIVED  
APR 4 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

291032

Registration District No.        State File No. 291032  
Prim. Registration District No.        Local Registrar's No.       

2. FULL NAME OF CHILD Edward Everett Howry

3. Sex Male If plural births { 4. Twin, triplet, or other        5. Number, in order of birth        6. Premature No        Full term Yes 7. Legiti- mate? Yes 8. Date of birth May 10, 1897 (Month, Day, Year)

9. Full name FATHER  
David Elmer Howry

18. Full maiden name MOTHER  
Minnie Hodgkin

10. Residence (usual place of abode)  
(If non-resident, give place and State) Meridian, Idaho

19. Residence (usual place of abode)  
(If non-resident, give place and State) Meridian, Idaho

11. Color or race White | 12. Age at last birthday 24 (years)

20. Color or race White | 21. Age at last birthday 17 (years)

13. Birthplace (city or place) Putnam County, Missouri  
(State or Country)

22. Birthplace (city or place) Cedar County, Missouri  
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None but farming.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work May 10, 1897

25. Date (month and year) last engaged in this work May 10, 1897

17. Total time (years) spent in this work 15

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~examined the birth of~~ <sup>am the mother of</sup> this child, who was Born Alive at 11 p.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report       

(Date of)       

(Signed) Minnie Bippin, Mother

or       ,       

Address Loon Lake, Washington

Filed apr, 1940

Registrar.

Registrar.

88.000

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

291032

State of Washington  
County of Spokane

**AFFIDAVIT**  
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MINNIE CRIPPEN, formerly Minnie Howry, being first duly sworn says that  
she is the mother of Edward Everett Howry  
(Relationship of child)\*  
born May 10th, 1897, at Meridian, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edward Everett Howry

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Zanner, ~~BOOK~~ was the Midwife medical attendant at the birth of said Edward Everett Howry and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Minnie Crippen  
P. O. Address Loon Lake, Washington.

Subscribed and sworn to before me this 2nd day of April, 1940.

M. M. Davis  
Notary Public.

Residing at Spokane, Washington. ~~BOOK~~

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED  
APR 29 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

292217

1. PLACE OF BIRTH B14-231  
County of Ada 001916  
City of Boise  
No. 1913-71,9th. St. at home

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Gladye Ruth Campbell

3. Sex Female If plural births { 4. Twin, triplet, or other. \_\_\_\_\_  
5. Number, in order of birth 2nd 6. Premature \_\_\_\_\_ 7. Legiti-  
mate? Yes 8. Date of birth Dec 31, 1897  
(Month, Day, Year)

9. Full name Howard Earl Campbell FATHER

10. Residence (usual place of abode) Boise  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Hartford  
(State or Country) Conn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent  
in this work \_\_\_\_\_, 19\_\_\_\_

18. Full maiden name Myrtle Alma Rawson MOTHER

19. Residence (usual place of abode) Boise  
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Fayette County  
(State or Country) Iowa

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent  
in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 2 (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks  
30. Cause of Stillbirth \_\_\_\_\_ { During labor. \_\_\_\_\_  
Before labor. \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed \_\_\_\_\_ 193\_\_\_\_

APR 29 1940

Registrar.



11/11/1913

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of.....IDAHO.....  
County of.....ADA.....

### AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....MYRTLE ALMA CAMPBELL.....being first duly sworn says that  
.....is the Mother of GLADYS RUTH CAMPBELL  
(Relationship of child)\*  
born December 31st, 1997 at Boise, Ada County, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that.....she.....desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said GLADYS RUTH CAMPBELL

.....hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....Mrs. Foster....., MD, was the Midwife  
medical attendant at the birth of said..... and that  
the said medical attendant is.....Now deceased.....  
(Now deceased (or) cannot be located)

Name of Affiant Myrtle Alma Campbell  
P. O. Address Boise, Idaho

Subscribed and sworn to before me this 29th day of April, 19 40

Clarence R. Davis  
Notary Public.

Residing at Boise, Ada, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Ada 381116001-791  
City of Boise  
No. ? Jefferson St.  
corner of 8th St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

RECEIVED CERTIFICATE OF BIRTH

292242  
292242

Register MAY 2 1940 District 1940 State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Lloyd Gray Chamberlain

3. Sex Male If plural births { 4. Twin, triplet, or other - 5. Number, in order of birth - 6. Premature no Full term yes 7. Legiti- mate? yes 8. Date of birth Dec. 16, 1897 (Month, Day, Year)

9. Full name FATHER  
Herbert Allen Chamberlain

18. Full maiden name MOTHER  
Sarah Lavina Gray

10. Residence (usual place of abode) 8th & Jefferson  
(If non-resident, give place and State) Boise, Idaho

19. Residence (usual place of abode) 8th & Jefferson  
(If non-resident, give place and State) Boise, Idaho

11. Color or race White 12. Age at last birthday 22 (years)

20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Boise, Idaho  
(State or Country)

22. Birthplace (city or place) Star, Idaho  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work December 1897

25. Date (month and year) last engaged in this work April 1940

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead - (c) Stillborn -

29. If stillborn, period of gestation - months or weeks { 30. Cause of Stillbirth - { Before labor - During labor -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Born Alive or Stillborn)  
(Signed) Lavina Chamberlain Martindale

or Mother

Address 3821-NE Pleasant, Portland

Filed May 1940 Oregon

Registrar.

SPCSC

STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

292242

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Oregon,  
County of Multnomah, } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Lavina Chamberlain Martindale being first duly sworn says that  
she is the Mother of Loyd G. Chamberlain  
(Relationship of child)\*  
born December 16th, 1897 at Boise, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Loyd G. Chamberlain

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Collister M. D. was the  
medical attendant at the birth of said Loyd G. Chamberlain  
the said medical attendant is now deceased. ~~midwife~~ and that

(Now deceased (or) cannot be located)

Name of Affiant Lavina Chamberlain Martindale  
P. O. Address 3821-NE Glisan Portland Ore

Subscribed and sworn to before me this 26th day of April, 19 40

Florence J. Harrington  
Notary Public.

Residing at Portland, Oregon, ~~Idaho~~

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.

My commission expires April 5, 1944

50845



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 118-11100-364  
PLACE OF BIRTH  
County of Shoshone  
City of Near Gem  
No. \_\_\_\_\_ St. \_\_\_\_\_

RECEIVED STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
MAY 13 1940 CERTIFICATE OF BIRTH 292302

Registration District No. \_\_\_\_\_ State File No. 292302  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Amos Henry Jay

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Legiti- mate? yes 8. Date of birth May 11 1897 (Month, Day, Year)

9. Full name FATHER Amos Henry Jay, 18. Full maiden name MOTHER Emma Jane Couch

10. Residence (usual place of abode) (If non-resident, give place and State) Near Gem Id 19. Residence (usual place of abode) (If non-resident, give place and State) Near Gem

11. Color or race white 12. Age at last birthday 29 (years) 20. Color or race white 21. Age at last birthday 21 (years)

13. Birthplace (city or place) England (State or Country) 22. Birthplace (city or place) England (State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	<u>Miner</u>	<u>--</u>				<u>Housekeeper</u>	<u>--</u>		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother four (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Ira M. Smith Sister. \_\_\_\_\_  
or \_\_\_\_\_

Address 1010 West Quartz Street

Filed Butte, Montana

Registrar.

Registrar.



10

# STATE OF IDAHO

292302

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

MAY 13 1940

Montana

State of.....  
County of..... Silver Bow

**AFFIDAVIT**  
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida M. Smith

being first duly sworn says that

..... is the sister of Amos Henry Jay,  
(Relationship of child)\*  
born May 11, 1897, at Frisco Mine, Near village of  
(Date of birth) Gem, Shoshone County, Idaho, Idaho,

~~whose certificate of birth is hereto attached, and that~~ Amos Henry Jay desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that ~~the facts contained in the certificate of birth of the said~~

~~as stated therein, and that this birth has not been previously recorded.~~ hereto attached are true and correct

Affiant further states that a Mrs — Schneider, M.D., was the Midwife

medical attendant at the birth of said Amos Henry Jay, and that the said medical attendant is to the best of affiant's knowledge is now deceased.  
(Now deceased (or) cannot be located)

Name of Affiant Ida M. Smith  
P. O. Address 1010 West Quartz Street, Butte, Montana

Subscribed and sworn to before me this 3rd day of May, 1940

Alan C. Rodger

Notary Public.

Residing at Butte, Montana  
My commission expires March 22, 1941

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 20 1954

MARGIN RESERVED FOR BINDING

1. PLACE OF BIRTH  
County of Idaho  
City of Shoshone  
No. 818712029363 St.

MAY 23 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

293383  
293383

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Orville Monroe Haylett

3. (Sex) Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Oct 12 1897  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, Day, Year)

9. Full name FATHER Frank Oscar Haylett  
10. Residence (usual place of abode) Haylett Co. on a farm  
(If non-resident, give place and State) \_\_\_\_\_

18. Full maiden name MOTHER Aggie J. Collins  
19. Residence (usual place of abode) Haylett Co. on a farm  
(If non-resident, give place and State) \_\_\_\_\_

11. Color or race W 12. Age at last birthday 27 (years)  
13. Birthplace (city or place) \_\_\_\_\_  
(State or Country) Wisconsin

20. Color or race W 21. Age at last birthday 27 (years)  
22. Birthplace (city or place) \_\_\_\_\_  
(State or Country) Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Born Alive or Stillborn)  
(Signed) Frank Oscar Haylett, M. D.

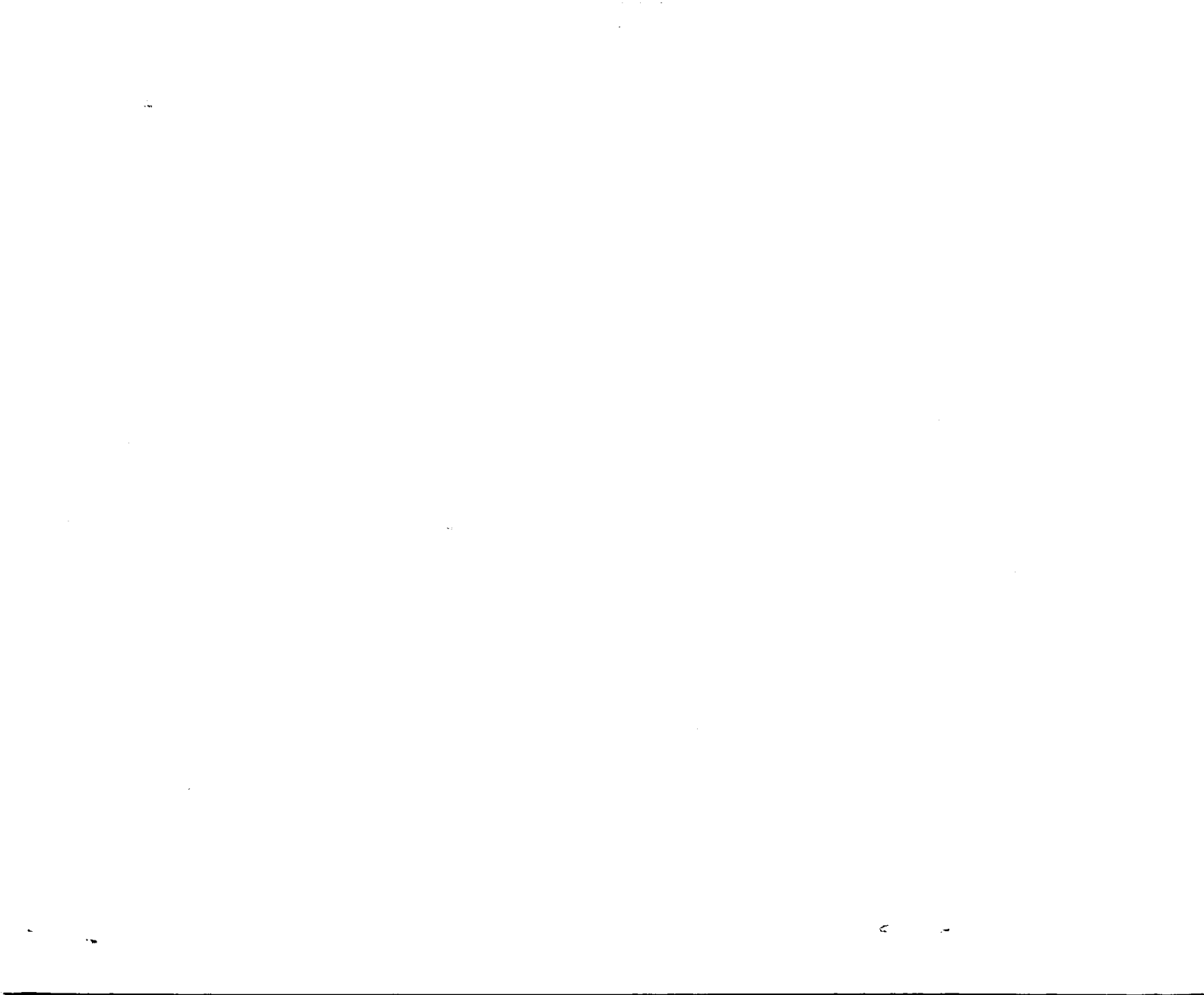
or (father), Midwife

Address \_\_\_\_\_

Filed May, 1940

Registrar.

Registrar.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

293383

MAY 23 1940

State of Idaho  
County of Nez Perce

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Oscar Haylett being first duly sworn says that  
he is the father of Orville Monroe Haylett  
(Relationship of child)\*  
born October 12, 1897 at Grass, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Frank O. Haylett desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Orville Monroe Haylett  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. A. Beck M. D. was the  
medical attendant at the birth of said Orville Monroe Haylett and that  
the said medical attendant is now deceased  
(Now deceased (or) cannot be located)

Name of Affiant Frank Oscar Haylett  
P. O. Address South 10, Moscow, Idaho, Wn.

Subscribed and sworn to before me this 27 day of May, 1940.

Philip Heisigler  
CLERK OF DISTRICT COURT, Notary Public.  
Residing at Ex-officio, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1710

1710

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Shoshone  
City of BURKE  
No. A 162-127046-162 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
293393  
RECEIVED  
MAY 28 1940  
CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Murphy — Michael Joseph

3. Sex MALE If plural { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
births { 5. Number, in order of birth \_\_\_\_\_ Full term yes mate? \_\_\_\_\_ 8. Date of birth Nov 27, 1897  
(Month, Day, Year)

9. Full name MURPHY — John FATHER

18. Full maiden name CORBETT Mary Joseph MOTHER

10. Residence (usual place of abode)  
(If non-resident, give place and State) BURKE Idaho

19. Residence (usual place of abode)  
(If non-resident, give place and State) BURKE Idaho

11. Color or race white 12. Age at last birthday 34 (years)

20. Color or race white 21. Age at last birthday 27 (years)

13. Birthplace (city or place)  
(State or Country) St Johns CARBONATE NewfoundLand

22. Birthplace (city or place)  
(State or Country) CARBONATE NewfoundLand

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 7

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
Two (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

(Date of) \_\_\_\_\_

Filed \_\_\_\_\_, 193 \_\_\_\_\_

Registrar.

Registrar.



**BUREAU OF VITAL STATISTICS**

**Department of Public Welfare  
Division of Public Health**

**BOISE, IDAHO**

RECEIVED

MAY 18 1940

Kellogg Idaho  
May 14, 1940

293393

TO WHOM IT MAY CONCERN:-

THIS IS TO CERTIFY, That I, Mrs. Mary Murphy, do solemnly testify, that I am the mother of Michael Joseph Murphy. That he was born on November 27, 1897 at Burke Idaho.

In attendance was a midwife, Mrs. Mucstale, now deceased.

Mrs Mary Murphy

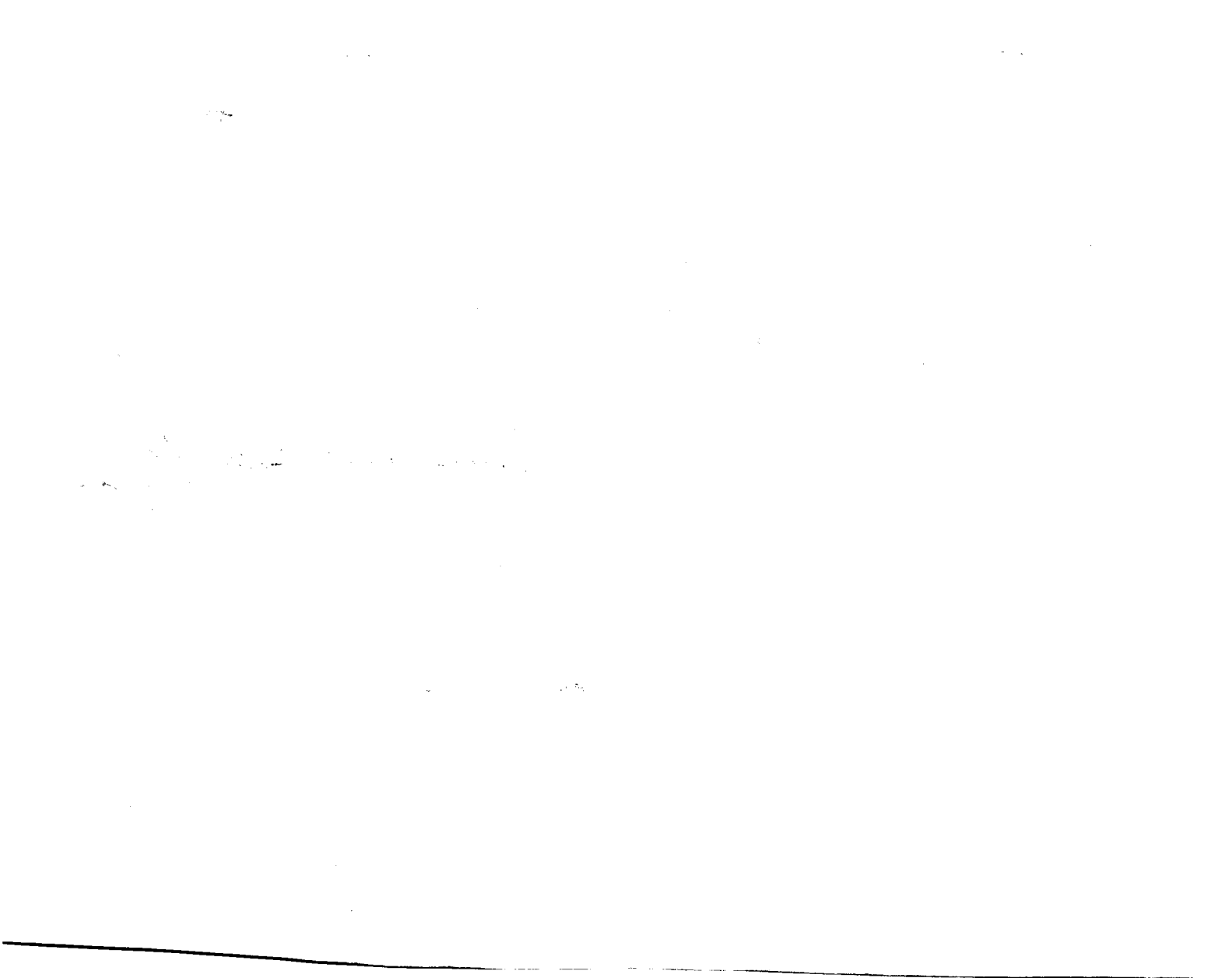
STATE OF IDAHO                      ss  
COUNTY OF SHOSHONE

On this 14 day of May, 1940, before me, Mary M. Stout, a notary public, personally appeared Mrs. Mary Murphy, known to me to be the person, signing the above statement that she is the mother of Michael Joseph Murphy.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year first above written.

Mary M Stout

Notary public, in and for the  
State of Idaho, residing at  
Kellogg. Commission expires  
July 31, 1941.



A 168 204 030-345

293424

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

293424

1. PLACE OF BIRTH  
County of Lemhi  
City of Gibbonsville  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Hilda Marie Johnson3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec. 4, 1904  
(Month, Day, Year)9. Full name August Johnson FATHER18. Full maiden name Hedvig Lund MOTHER10. Residence (usual place of abode) Gibbonsville  
(If non-resident, give place and State) Ida19. Residence (usual place of abode) Gibbonsville Ida  
(If non-resident, give place and State)11. Color or race white 12. Age at last birthday 34 (years)20. Color or race white 21. Age at last birthday 27 (years)13. Birthplace (city or place) unknown  
(State or Country) Sweden22. Birthplace (city or place) Vixen  
(State or Country) Sweden14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gold miner23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gold mine24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home16. Date (month and year) last engaged in this work Dec, 1904 17. Total time (years) spent in this work 1025. Date (month and year) last engaged in this work Dec. 1907, 19\_\_\_\_ 26. Total time (years) spent in this work All my life27. What prophylactic was used to prevent Ophthalmia Neonatorum? dont know28. Number of children of this mother 1 (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of stillbirth \_\_\_\_\_ { Before labor. During labor.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from supplemental report Hedvig Johnson(Date of) May 23rd, 1940

Registrar,

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed June, 1940

Registrar,

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



# STATE OF IDAHO

293424

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of North Dakota

JUN 6 1940

County of Ward

### AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hedwig Johnson

being first duly sworn says that

she

is the

mother

of

Hilda Marie Johnson

(Relationship of child)\*

born Dec. 4th 1897

at

Gibbonsville

, Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hilda Marie Johnson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

Mrs. Cannon

XXD. was the Midwife

Hilda Marie Johnson

medical attendant at the birth of said

and that

the said medical attendant is

now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Hedwig Johnson

P. O. Address

Minot, N.D.

Subscribed and sworn to before me this

23rd

day of

May

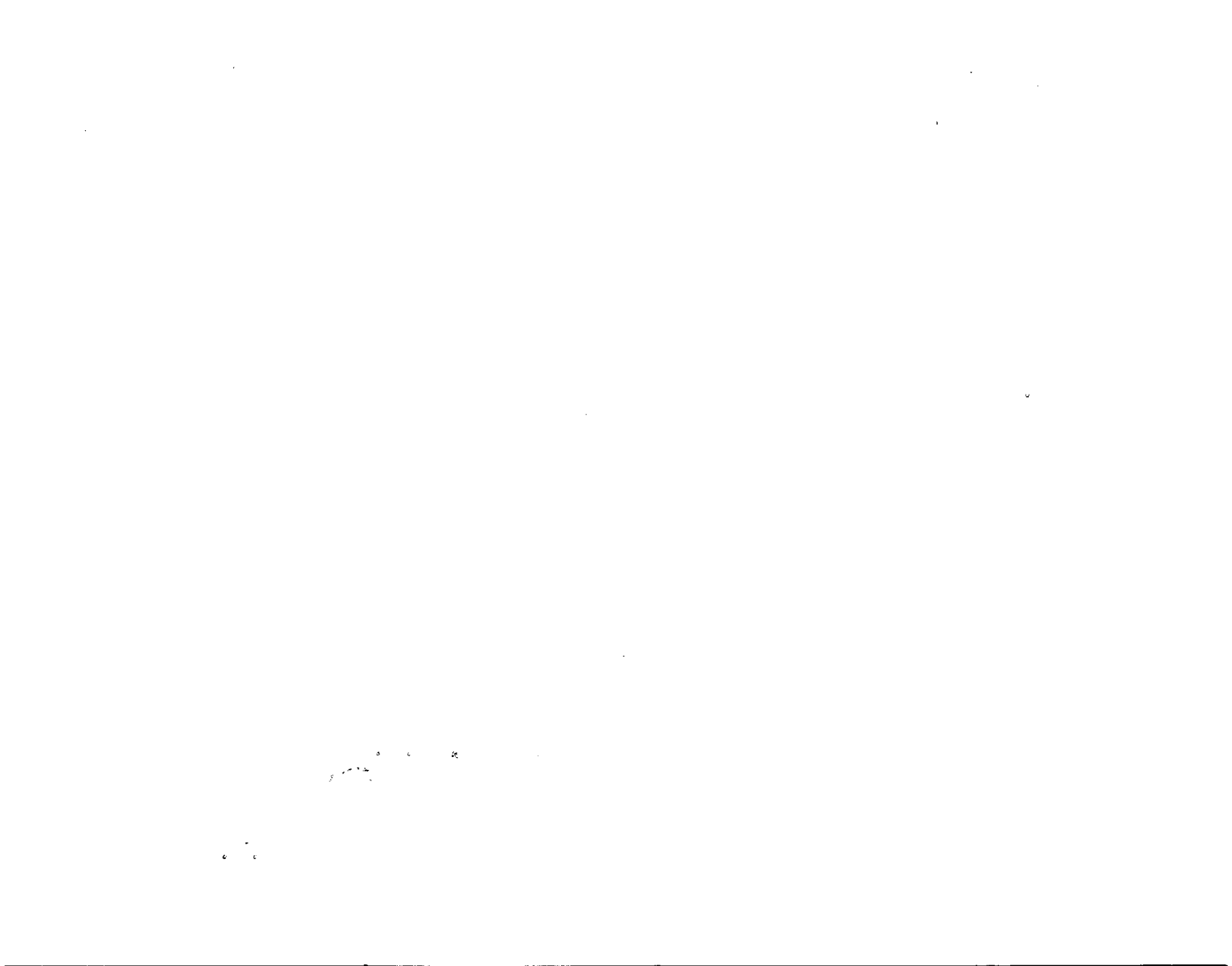
19 40

Residing at

Minot N.D.

Notary Public.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Washington</u> City of <u>Winn</u> No. <u>867117044-997</u> St. <u>RECEIVED JUN 25 1940</u>			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF BIRTH</b> <span style="float: right;">294641</span>		
(If born in hospital or institution give name.)			Registration District No. _____		State File No. <u>294641</u>
2. FULL NAME OF CHILD <u>Roland Hopper</u>					
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>yes</u>	
				7. Legiti- mate? <u>yes</u>	
				8. Date of birth <u>August 17<sup>th</sup>, 1897</u> (Month, Day, Year)	
9. Full name <u>FATHER</u> <u>Benjamin F. Hopper</u>			18. Full name <u>MOTHER</u> maiden name <u>Ada Riggs</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Winn Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Winn Idaho</u>		
11. Color or race <u>White</u>			12. Age at last birthday <u>29</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Pendleton Oregon</u>			20. Color or race <u>White</u>		
			21. Age at last birthday <u>67</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			22. Birthplace (city or place) (State or Country) <u>North Idaho Oregon</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
17. Total time (years) spent in this work _____			25. Date (month and year) last engaged in this work _____		
19. _____			26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>arg. nit. 1%</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation _____ months or weeks			30. Cause of Stillbirth _____ Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 A m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Joseph R. Numbers, M. D.

or \_\_\_\_\_, Midwife

Address Winn Idaho

Filed June, 1940

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_



DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Anida  
City of Franklin Clayton  
No. 769 121 836 385 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294692

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Ralph Aaron Porritt

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>1</u>	7. Legiti- mate? <u>1</u>	8. Date of birth <u>21 May, 1897</u> (Month, Day, Year)
-----------------------	--	--	------------------------------	--

9. Full name FATHER  
Thomas Hampton Porritt  
10. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_  
11. Color or race W | 12. Age at last birthday 22 3/4 (years)

18. Full maiden name MOTHER  
Mary Janet Cherry  
19. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_  
20. Color or race W | 21. Age at last birthday 24 3/4 (years)

13. Birthplace (city or place)  
(State or Country) Franklin, Idaho  
OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer  
16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_, 19 \_\_\_\_\_

22. Birthplace (city or place)  
(State or Country) Jewston Utah  
OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_, 19 \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
4 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks  
30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at P m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Thomas H. Porritt, Father M. D.

or \_\_\_\_\_, Midwife

Address 1202 Denver St Boise

Filed 2 July, 1900

Registrar.

Registrar.

DELAYED

# STATE OF IDAHO

294692

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Thomas Hampton Porritt being first duly sworn says that  
he is the Father of Ralph Aaron Porritt  
(Relationship of child)\*  
born May 21 - 1897 at Clifton, Idaho, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ralph Aaron Porritt  
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Jane Howell ~~M.D.~~ was the  
medical attendant at the birth of said Ralph Aaron Porritt Midwife  
and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Thomas Hampton Porritt  
P. O. Address 1202 Denver

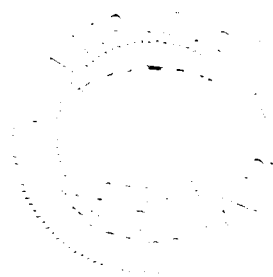
Subscribed and sworn to before me this 2 day of July, 1940

S. L. Gill Notary Public.  
Residing at Boise, Idaho, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

17

17



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

796 105 435-553  
1. PLACE OF BIRTH  
County of Nez Perce  
City of Forest  
No. \_\_\_\_\_ St. \_\_\_\_\_

JUL 11 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294807

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

Leo Gordon Provost

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term ✓ 7. Legitimate? yes 8. Date of birth Oct-5, 1897 (Month, Day, Year)

9. Full name FATHER John Martin Provost-  
10. Residence (usual place of abode) (If non-resident, give place and State) Forest Idaho  
11. Color or race White 12. Age at last birthday 27 (years)  
13. Birthplace (city or place) (State or Country) Decorah Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work Sept, 1935 17. Total time (years) spent in this work 40

18. Full maiden name MOTHER Adena E Nelson  
19. Residence (usual place of abode) (If non-resident, give place and State) Forest Idaho  
20. Color or race White 21. Age at last birthday 18 (years)  
22. Birthplace (city or place) (State or Country) Minneapolis Minnesota

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper in own home  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work Dec, 1934 26. Total time (years) spent in this work 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 2  
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 P. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

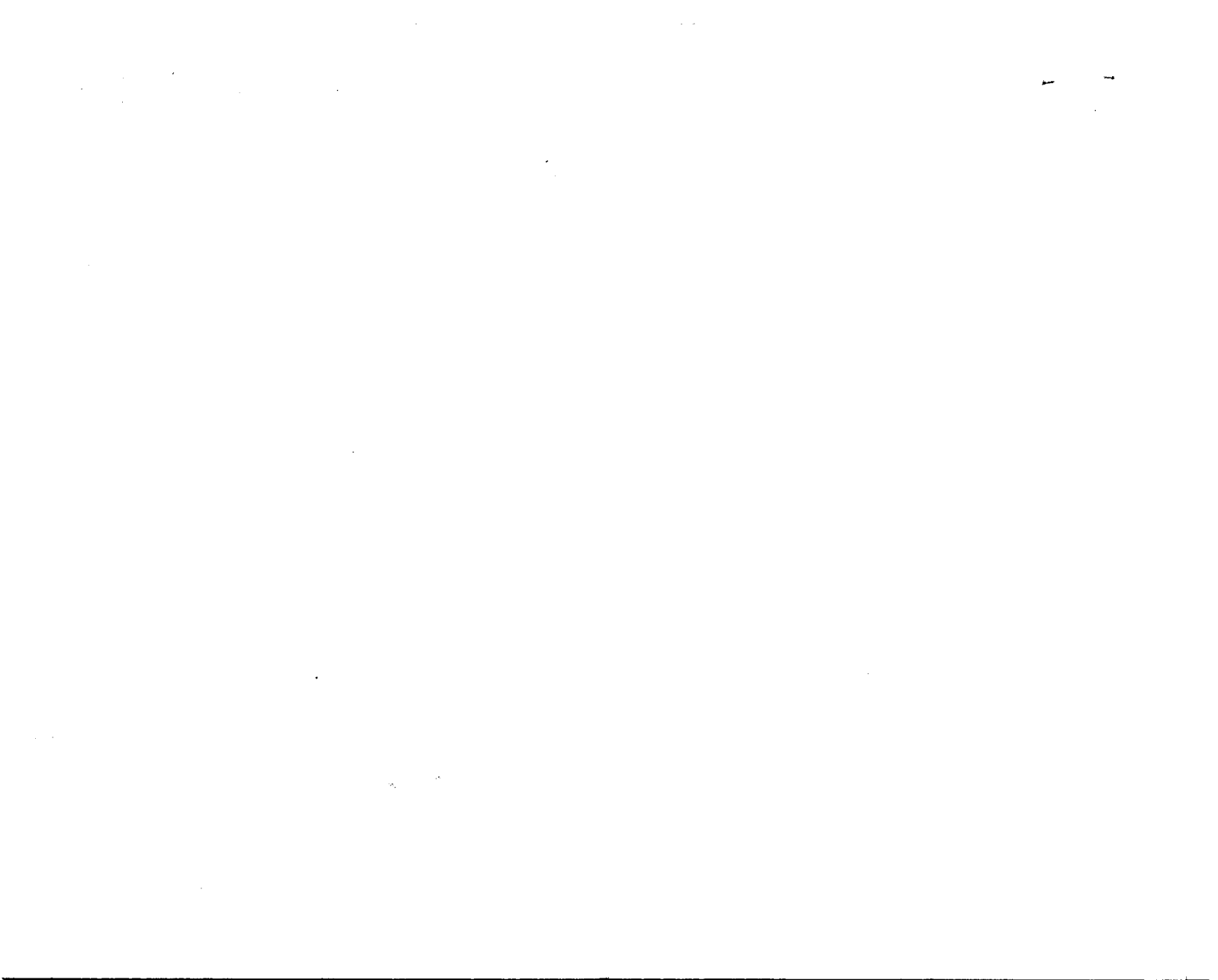
Registrar.

(Signed) Julia Nelson Reeves, M.D.

or \_\_\_\_\_, Midwife

Address Forest Idaho

Filed July 10, 1940 Patricia Buck Deputy Registrar.



# STATE OF IDAHO

294807

## DEPARTMENT OF PUBLIC WELFARE DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JUL 11 1940

State of Idaho }  
County of nez Perce } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Julia Nelson Reeves being first duly sworn says that  
she is the aunt - of Leo Gordon Broun  
(Relationship of child)\*  
born Oct-5-1897 at Forest -, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Leo Gordon Broun  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Carolyn Nelson ~~M.D. was the~~  
medical attendant at the birth of said Leo Gordon Broun Midwife  
the said medical attendant is now deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant Julia Nelson Reeves  
P. O. Address Forest - Idaho  
Subscribed and sworn to before me this 11th day of December, 1939

C. E. Harris  
Notary Public.  
Residing at Lewiston, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

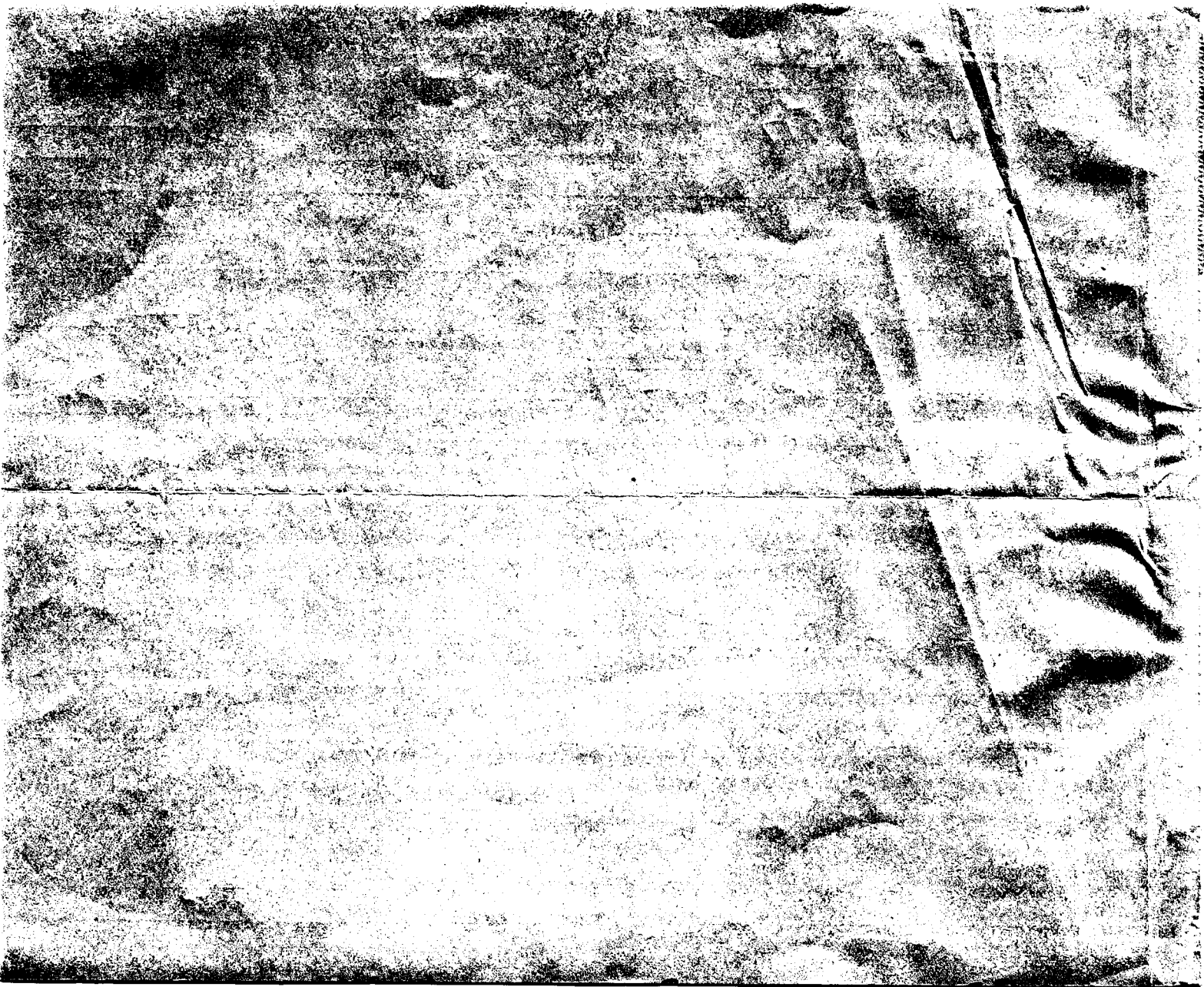
1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>HELENSBURG</u> No. <u>Mon</u> St. <u>1944 123 029 597</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS JUL 17 1940 CERTIFICATE OF BIRTH 294887	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. _____	
2. FULL NAME OF CHILD <u>Rayfield Ruddy</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>Male</u>	4. If plural <u>1. Twin, triplet, or other one</u> births	5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>
7. Legitimate? <u>yes</u>		8. Date of birth <u>JUNE 23, 1917</u> (Month, Day, Year)	
9. Full name FATHER <u>Richard Ruddy</u>		18. Full maiden name MOTHER <u>Sarah Nixon Ruddy</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Helena, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Helena, Idaho</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>36</u> (years)
13. Birthplace (city or place) (State or Country) <u>Ontario, Canada</u>		22. Birthplace (city or place) (State or Country) <u>MT Pleasant, Iowa</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>One Mi. South of Himessee</u>		
	16. Date (month and year) last engaged in this work <u>July, 1917</u>		
17. Total time (years) spent in this work <u>60 years</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>School Teacher</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Helena, Idaho</u>		25. Date (month and year) last engaged in this work <u>May, 1891</u>	
26. Total time (years) spent in this work <u>16</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother (At time of this birth and including this child)		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>2</u>	
29. If stillborn, period of gestation _____ months or weeks		30. Cause of Stillbirth _____	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. }  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_  
Filed July 1940  
Registrar. Registrar.



294887

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Washington JUL 17 1940

County of Asotin

ss.

## AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

W. A. Nixon

being first duly sworn says that

he is the Uncle of Rayfield Ruddy  
(Relationship of child)\*born June 13th, 1897 at Genesee, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Rayfield Ruddy

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Dr. Conant

Affiant further states that M. D. was the Midwife

medical attendant at the birth of said Rayfield Ruddy and that  
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

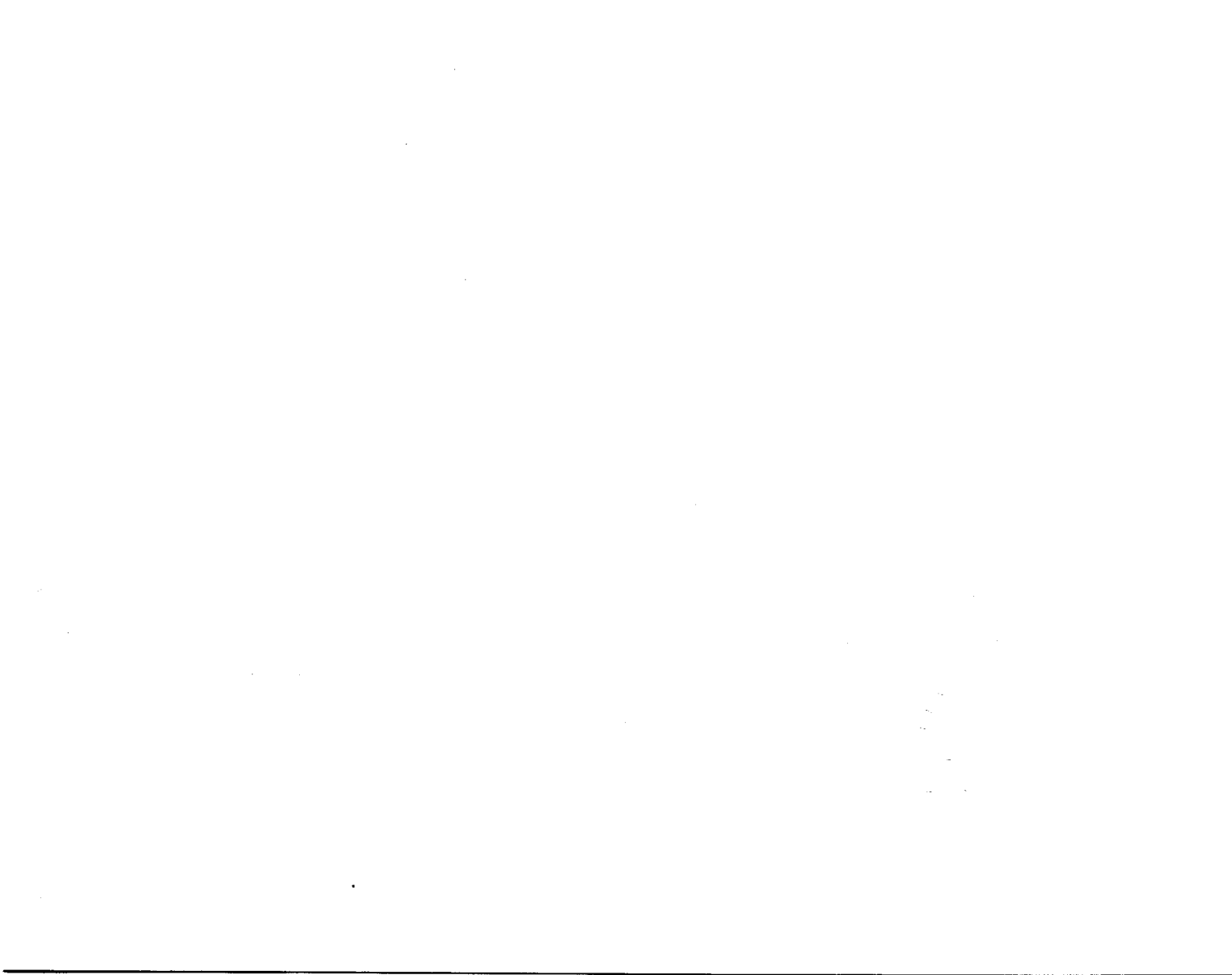
Clarkston, Washington

Subscribed and sworn to before me this 16th day of July, 1940

Notary Public.

Residing at Clarkston, Washington, 1940

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A215231032'413

296097

PLACE OF BIRTH  
 County of Lincoln  
 City of Shoshone  
 P.O. Parents Home St.

RECEIVED  
 JUL 24 1940

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

296091

Registration District No. 430 State File No. \_\_\_\_\_  
 Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 360

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Georgia Saviers

3. Sex F. If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ }  
 6. Premature \_\_\_\_\_ Full term L 7. Legitimate? L 8. Date of birth Aug 31, 1897  
 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	<u>J.J. Saviers</u>	18. Full maiden name	<u>Anna Macomb</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Shoshone deceased</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Shoshone deceased</u>
11. Color or race	<u>white</u>	20. Color or race	<u>white</u>
12. Age at last birthday <u>45</u> (years)		21. Age at last birthday <u>34</u> (years)	
13. Birthplace (city or place) (State or Country)	<u>Columbus, Ohio.</u>	22. Birthplace (city or place) (State or Country)	<u>Arkansas.</u>
14. Trade, profession, or particular kind of work done, as spinner, housekeeper, etc.	<u>Farming</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>Farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>farm</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
19. _____	in this work _____	19. _____	in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
 28. Number of children of this mother 3 (At time of this birth and including this child)  
 (a) Born alive and now living yes (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
 29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks }  
 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE: Midwife is deceased.

I hereby certify that I attended the birth of this child, who was Born alive at \_\_\_\_\_ m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

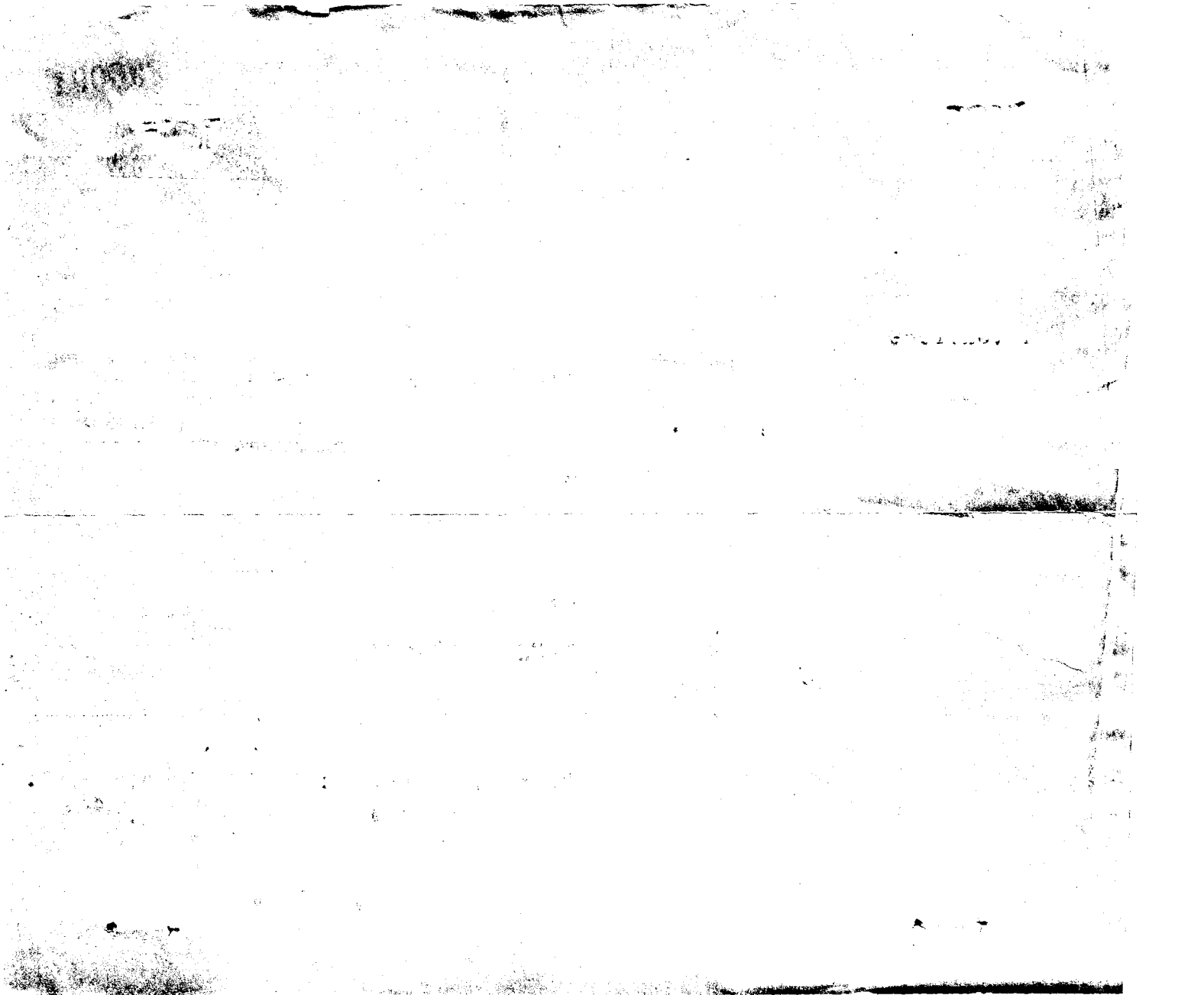
Give name added from a supplemental report \_\_\_\_\_  
 (Date of) \_\_\_\_\_

(Signed) Lure Kenaston \_\_\_\_\_, relative of child  
 or \_\_\_\_\_, Midwife  
 Address Rupert Ida  
 Filed July 20, 1940 Myrtle C. Burdett  
 Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 ONE SENT at birth a Separate Return must be made for each, and the number of each, in



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED  
JUN 24 1940

State of Idaho  
County of Latah } ss. Minidoka

### AFFIDAVIT

To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Susie Kenaston

being first duly sworn says that

she is the sister of Margaret Georgia Saviers  
(Relationship of child)\*

born Aug. 31 - 1897 at Shoshone, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Margaret Georgia Saviers

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Marie Louise O'Conner

~~XXXX~~  
M. D. was the  
Midwife

medical attendant at the birth of said Margaret Georgia Saviers and that

the said medical attendant is Now deceased

(Now deceased (or) cannot be located)

Name of Affiant Susie Kenaston

P. O. Address Rupert, Idaho.

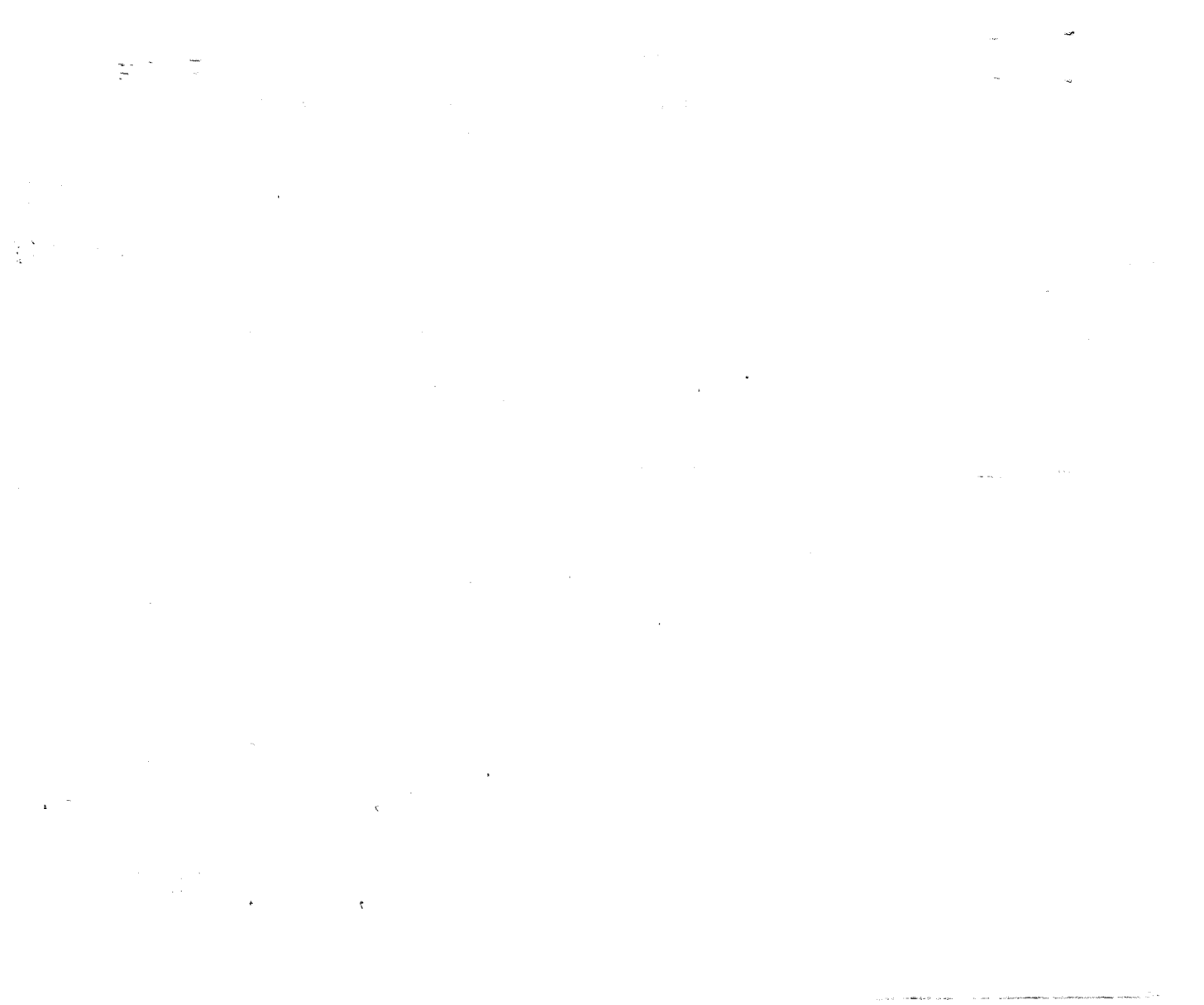
Subscribed and sworn to before me this 27 day of April, 19 40.

Paul A. French  
Notary Public.

Residing at Rupert, Idaho., Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.





C. A. BOTTOLFSEN, GOVERNOR

EMORY AFTON, COMMISSIONER  
DEPARTMENT OF PUBLIC WELFARE

E. L. BERRY, M. D., DIRECTOR  
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
DIVISION OF PUBLIC HEALTH  
BOISE

BOARD OF PUBLIC WELFARE  
FRANK ENSIGN, BOISE  
T. S. KERR, MOSCOW  
I. E. ROCKWELL, BELLEVUE  
L. O. NICHOLS, BOISE  
FRANK ATKINS, BUHL

July 26, 1940

296091

RECEIVED

AUG 14 1940

Mrs. Susie Kenaston  
Rupert, Idaho

Dear Mrs. Kenaston:

On the birth certificate of Margaret Georgia Saviers, filed  
by you the ages of the parents are not given.

Please make a notation on the bottom of this letter, over your  
personal signature, the ages of your father and mother at the  
time your sister, Margaret Georgia was born, August 31, 1897.

Upon receipt of this information, we will mail the certified  
copy to Mrs. Karl Anderson, as requested in her letter of  
July 15, 1940.

Very truly yours

BUREAU OF VITAL STATISTICS

*Mae G. Atwood*

Mae G. Atwood, Director

<sup>c</sup>  
#296091 - in drawer

*Fathers age 45-*

*Mother's age 34*



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A285-119 030-432

296092

1. PLACE OF BIRTH  
County of Lehi  
City of Salmon  
No. \_\_\_\_\_ St. \_\_\_\_\_

RECEIVED  
JUL 24 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

296093

(If born in hospital or institution give names)  
Prim. Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Philip John Shenon

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>X</u>	8. Date of birth <u>Sept. 19 1897</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name FATHER  
Philip Shenon  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Salmon  
11. Color or race W | 12. Age at last birthday 30 (years)  
13. Birthplace (city or place) County Cork  
(State or Country) Ireland

18. Full maiden name MOTHER  
Minnie McKinney  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Salmon  
20. Color or race W | 21. Age at last birthday 21 (years)  
22. Birthplace (city or place) Bervie  
(State or Country) Ontario, Canada

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch  
16. Date (month and year) last engaged in this work  
Sept. 19, 1897 19. \_\_\_\_\_  
17. Total time (years) spent in this work 10

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home  
25. Date (month and year) last engaged in this work  
Sept 19, 1897 26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0  
29. If stillborn, period of gestation 06 { months or weeks }  
30. Cause of Stillbirth 0 { Before labor 0 During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:00A m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Signed) Minnie McKinney Shenon Mother  
or \_\_\_\_\_ Midwife

Address \_\_\_\_\_  
Filed July 24 1940 Mac G. Atwood  
Registrar  
Bureau of Vital Statistics

Registrar.

1980

# STATE OF IDAHO

296093

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECORDED  
JUL 24 1940

State of Idaho

County of Lemhi

### AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Linnie McKinney Shenon Hart

being first duly sworn says that

she is the Mother of Philip John Shenon  
(Relationship of child)\*

born September 19, 1897 at Salmon, Lemhi County, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Philip John Shenon

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that George A. Kenney, M. D., was the Midwife

medical attendant at the birth of said Philip John Shenon and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Linnie M. Kenney Shenon Hart

P. O. Address

Salmon, Idaho

Subscribed and sworn to before me this 22nd day of July, 19 40

Preston Thatcher

Notary Public.

Residing at Salmon, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 6 1952

NOV 20 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

846-220-229-359

1. PLACE OF BIRTH  
County of Idaho  
City of Proy  
No. \_\_\_\_\_ St. \_\_\_\_\_

RECEIVED

JUL 26 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. 296132

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Ruth Fern Huffman

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term Yes 7. Legiti- mate? Yes 8. Date of birth Oct 20th 1897 (Month, Day, Year)

9. Full name Joshua Moores Huffman FATHER 18. Full name Caroline Justine Leichte MOTHER

10. Residence (usual place of abode) Proy, Idaho (If non-resident, give place and State) 19. Residence (usual place of abode) Proy, Idaho (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 36 (years) 20. Color or race White 21. Age at last birthday 40 (years)

13. Birthplace (city or place) Indianola, Iowa (State or Country) 22. Birthplace (city or place) Missouri (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Railroad) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work Oct 1897 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work Oct 1897 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 3 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 A. m. on the date above stated. (Born Alive or Stillborn)

(Signed) Samantha McClain M.D.

or Aunt, who was present at said birth Midwife

Address 304 8th St. N. Proy, Idaho

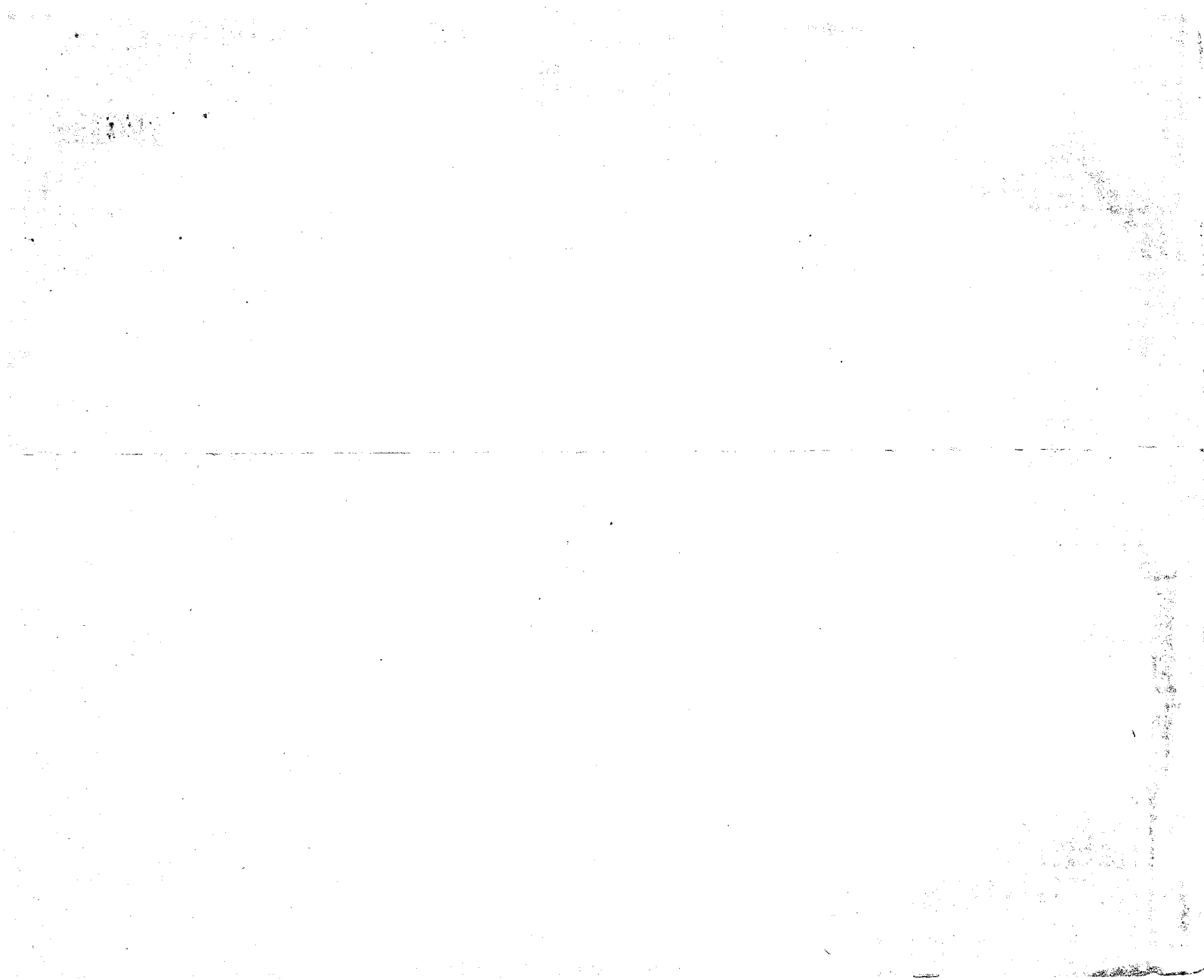
Filed July 26 1940 Mae S. Atwood Registrar.

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.





STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

296132

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED  
JUL 26 1940

State of Washington }  
County of Spokane } ss.

AFFIDAVIT  
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Samantha McElaine being first duly sworn says that  
she is the aunt of Ruth Fern Huffman  
(Relationship of child)\*  
born October 20th 1897 at Troy, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Ruth Fern Huffman desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ruth Fern Huffman

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

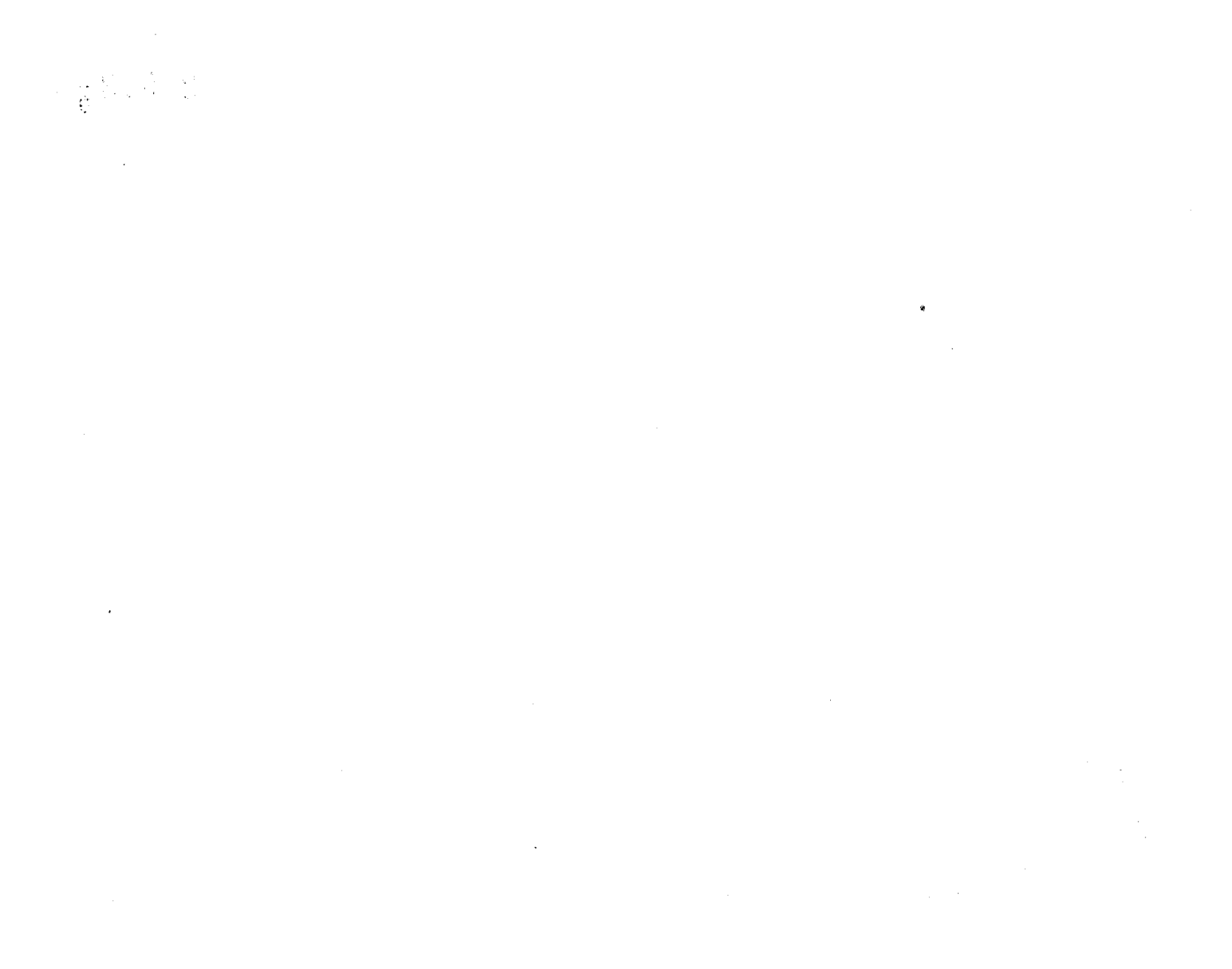
Affiant further states that Doctor — Scallon M. D. was the  
medical attendant at the birth of said Ruth Fern Huffman Midwife  
the said medical attendant is now deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant Samantha McElaine  
P. O. Address 304 S. W. Haley, Pendleton, Oregon

Subscribed and sworn to before me this 24th day of July, 1940

O. Lang  
Notary Public.  
Residing at Spokane Wash., Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



1. 962-103-028-754  
 PLACE OF BIRTH  
 County of Kootenai  
 City of Coeur D'Alene  
 No. 412 Coeur D'Alene Avenue St.

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296147

Registration District No. 30 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 1050 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Carl Albert Rosen

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Dec. 3, 1897</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name FATHER  
John Carl Rosen

10. Residence (usual place of abode)  
 (If non-resident, give place and State) Coeur D'Alene, Ida.

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Sweden  
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boatbuilder

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own boatshop

16. Date (month and year) last engaged in this work  
Present employment  
 19\_\_\_\_, 19\_\_\_\_

17. Total time (years) spent in this work 1

18. Full maiden name MOTHER  
Christina Pedersen

19. Residence (usual place of abode)  
 (If non-resident, give place and State) Coeur D'Alene

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Denmark  
 (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work  
At the time of this birth  
 19\_\_\_\_, 19\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living. 1 (b) Born alive but now dead. 0 (c) Stillborn. 0

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
 (Born Alive or Stillborn)

(Signed) John C. Rosen John C. Rosen, MD  
 or \_\_\_\_\_ Father  
Midwife

Address 324 West Ewing, Seattle, Washington

Filed July 24, 1940 Mrs. J. Woodward  
 Registrar.

Registrar.

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Theodore Rosen  
 (Date of) \_\_\_\_\_

1000

1000

1000

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# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington

County of King

ss.

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Theodore Rosen,

being first duly sworn says that

he

is the

uncle

of

Carl Albert Rosen

(Relationship of child)\*

born

December 3, 1897

at

Coeur D'Alene,

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that John C. Rosen, the father, desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said nephew, Carl Albert Rosen

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

Mrs. Pete Peterson

M. D., was the Midwife

medical attendant at the birth of said

Carl Albert Rosen

and that

the said medical attendant is

now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Theodore Rosen

Theodore Rosen

P. O. Address

324 West Ewing, Seattle, Washington

Subscribed and sworn to before me this

22

day of

July

1940

Carolyn M. Schwarz

Notary Public.

Residing at

Seattle, Wash.

Idaho,

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Kootenai  
City of P.O. Rathdrum  
No. none Rural St.

RECEIVED

JUL 26 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296160

(If born in hospital or institution give name.)

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD William Ezekiel Lagers

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 7, 1897</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name Lagers, James Thompson FATHER

18. Full maiden name Sarah Kisiah Cook MOTHER

10. Residence (usual place of abode)  
(If non-resident, give place and State) Rathdrum, Idaho

19. Residence (usual place of abode)  
(If non-resident, give place and State) Rathdrum, Idaho

11. Color or race white | 12. Age at last birthday 39 (years)

20. Color or race white | 21. Age at last birthday 36 (years)

13. Birthplace (city or place)  
(State or Country) Gentryville  
Missouri

22. Birthplace (city or place)  
(State or Country) Seneca  
Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work  
at the time of birth

25. Date (month and year) last engaged in this work  
at the time of birth

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)  
3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 { months or weeks } 30. Cause of stillbirth 0 { Before labor 0 During labor 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Father is deceased.  
Give name added from a supplemental report \_\_\_\_\_

(Signed) Sarah K. Lagers M.D.

or mother Midwife

Address Colville, Washington

Filed July 26, 1940 Mae S. Atwood

Registrar.

Registrar.

Bureau of Vital Statistics



307100

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

State of Washington

County of Stevens

JUL 26 1940  
ss.

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah K. Lagors

being first duly sworn says that

she is the mother of William Ezekiel Lagors  
(Relationship of child)\*

born July 7, 1897 at Rathdrum Idaho, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that said William E. Lagors desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Ezekiel Lagors

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that a Mrs. Baker (now deceased) M. D. was the  
medical attendant at the birth of said William Ezekiel Lagors Midwife  
the said medical attendant is now deceased. No attending physician and that  
(Now deceased (or) cannot be located)

Name of Affiant Sarah K. Lagors

P. O. Address Colville Washington

Subscribed and sworn to before me this 12th day of June, 1940

John I. Raptis  
Notary Public.  
Residing at Colville Washington, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Commission expires: Nov. 22, 1943.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 666-214202-813 PLACE OF BIRTH  
County of BANNOCK  
City of POCATELLO  
No. 620 W. Clark St. State Idaho

2. **FULL NAME OF CHILD** JESSIE MEVA WOODMANSEE

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 7-14-1897 (Month, Day, Year)

9. Full name FATHER PERRY WOODMANSEE 10. Residence (usual place of abode) Deceased (If non-resident, give place and State) 11. Color or race English 12. Age at last birthday 38 (years) 13. Birthplace (city or place) St. Clairsville (State or Country) Ohio

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR Brakeman 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P. RR 16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 17. Total time (years) spent in this work 40

18. Full maiden name MOTHER Belle Halpenny 19. Residence (usual place of abode) Pocatello, Ida. (If non-resident, give place and State) 20. Color or race English 21. Age at last birthday 37 (years) 22. Birthplace (city or place) Clarksburg, W. Va. (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home 25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_ 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
I hereby certify that I attended the birth of this child, who was Alive at 5 Am. on the date above stated.  
(Born Alive or Stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Belle Woodmansee Mother  
or \_\_\_\_\_, Midwife  
Address 218 N. Hayes Ave Pocatello, Ida.  
Filed JUL 31 1940 193\_\_\_\_ M. J. Wood Registrar.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Bannock

### AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Belle Woodmansee

being first duly sworn says that

she is the Mother of Jessie Neva Woodmansee

(Relationship of child)\*

born July 14, 1897

(Date of birth)

at Pocatello

, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jessie Neva Woodmansee

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. U. B. Steele

M. D., was the Midwife

medical attendant at the birth of said Jessie Neva Woodmansee

and that the said medical attendant is Deceased

(Now deceased (or) cannot be located)

Name of Affiant

Belle Woodmansee

P. O. Address 217 No. Hayes Ave. Pocatello, Ida.

Subscribed and sworn to before me this

30th

day of

July

1940

Edward J. G. Honder

Notary Public.

Residing at

Pocatello Idaho

, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

432-128-114-114  
PLACE OF BIRTH  
County of Linn  
City of Hesperia  
St. Mo  
No. 127  
Home

RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
AUG - 5 1940  
CERTIFICATE OF BIRTH 296320

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Morgan James McInnon

3. Sex Male If plural births \_\_\_\_\_  
4. Twin, triplet, or other \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term yes  
7. Legitimate? yes  
8. Date of birth Jan 20<sup>th</sup> 1897 (Month, Day, Year)

9. Full name John Allen McInnon FATHER  
10. Residence (usual place of abode) Hesperia Ida  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 42 years  
13. Birthplace (city or place) Connecticut  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Train Dispatcher  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad  
16. Date (month and year) last engaged in this work Nov 1st 1936  
17. Total time (years) spent in this work 50

18. Full maiden name Mary Ellen James McInnon MOTHER  
19. Residence (usual place of abode) Hesperia Ida  
(If non-resident, give place and State)  
20. Color or race White 21. Age at last birthday 49 years  
22. Birthplace (city or place) Farmington  
(State or Country) Utah

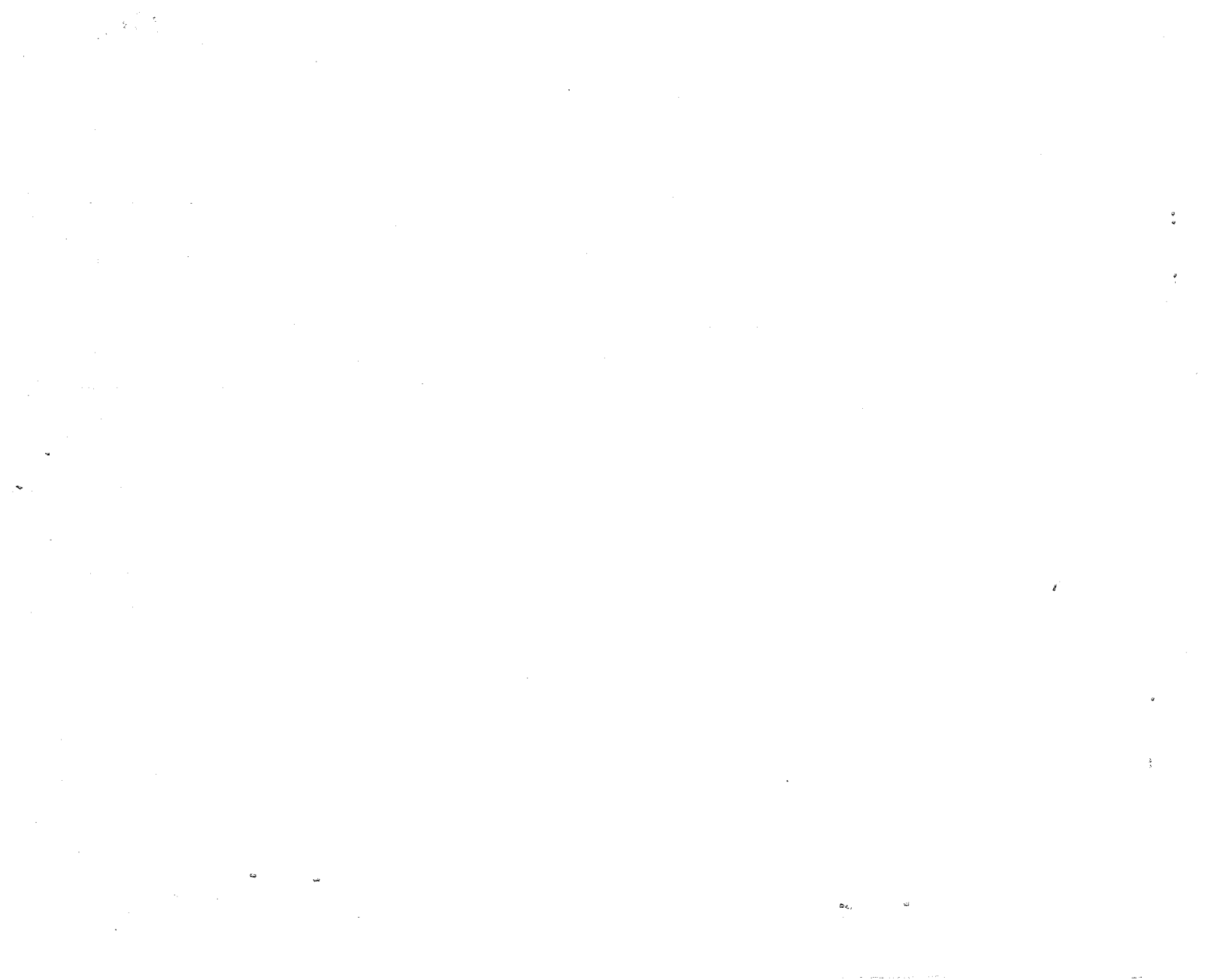
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work X, 19\_\_\_\_  
26. Total time (years) spent in this work X

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother Six (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None  
29. If stillborn, period of gestation \_\_\_\_\_ months or weeks  
30. Cause of Stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_  
Filed AUG - 5 1940, 193\_\_\_\_  
Mae G. Atwood  
Registrar.  
Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar.





# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho } ss. **AFFIDAVIT**  
County of Bannock } (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Mary Ellen James McKinnon being first duly sworn says that  
she is the Mother of Morgan James McKinnon  
(Relationship of child)\*  
born Jan 20th 1897 at Pocatello, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 ~~Section~~ Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Morgan James McKinnon

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. H. Bean, M. D., was the  
medical attendant at the birth of said Morgan James McKinnon and that  
the said medical attendant is deceased  
(Now deceased (or) cannot be located)

Name of Affiant Mary Ellen James McKinnon

P. O. Address Pocatello Idaho

Subscribed and sworn to before me this 4th day of Aug, 1940

com Exp.  
July 20, 1942

Ezra J. Merrill  
Notary Public.  
Residing at Pocatello, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

2

2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

793 127.030-459  
PLACE OF BIRTH  
County of Lemhi  
City of Salmon  
No. St. Charles St.  
Idaho

RECEIVED  
AUG - 5 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

296334

296334

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD John Merritt Gilmer

3. Sex Male If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 6. Premature. \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec 27, 1897  
5. Number, in order of birth. \_\_\_\_\_ Full term yes (Month, Day, Year)

9. Full name FATHER Charles Vance Gilmer  
10. Residence (usual place of abode) Salt Lake City Utah  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 20 (years)

13. Birthplace (city or place) Fort Bridger Wyoming  
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gold Mining  
16. Date (month and year) last engaged in this work Continuously 17. Total time (years) spent in this work Less

18. Full maiden name MOTHER Emma Merritt Gilmer  
19. Residence (usual place of abode) Salt Lake City Utah  
(If non-resident, give place and State)  
20. Color or race White 21. Age at last birthday 26 (years)

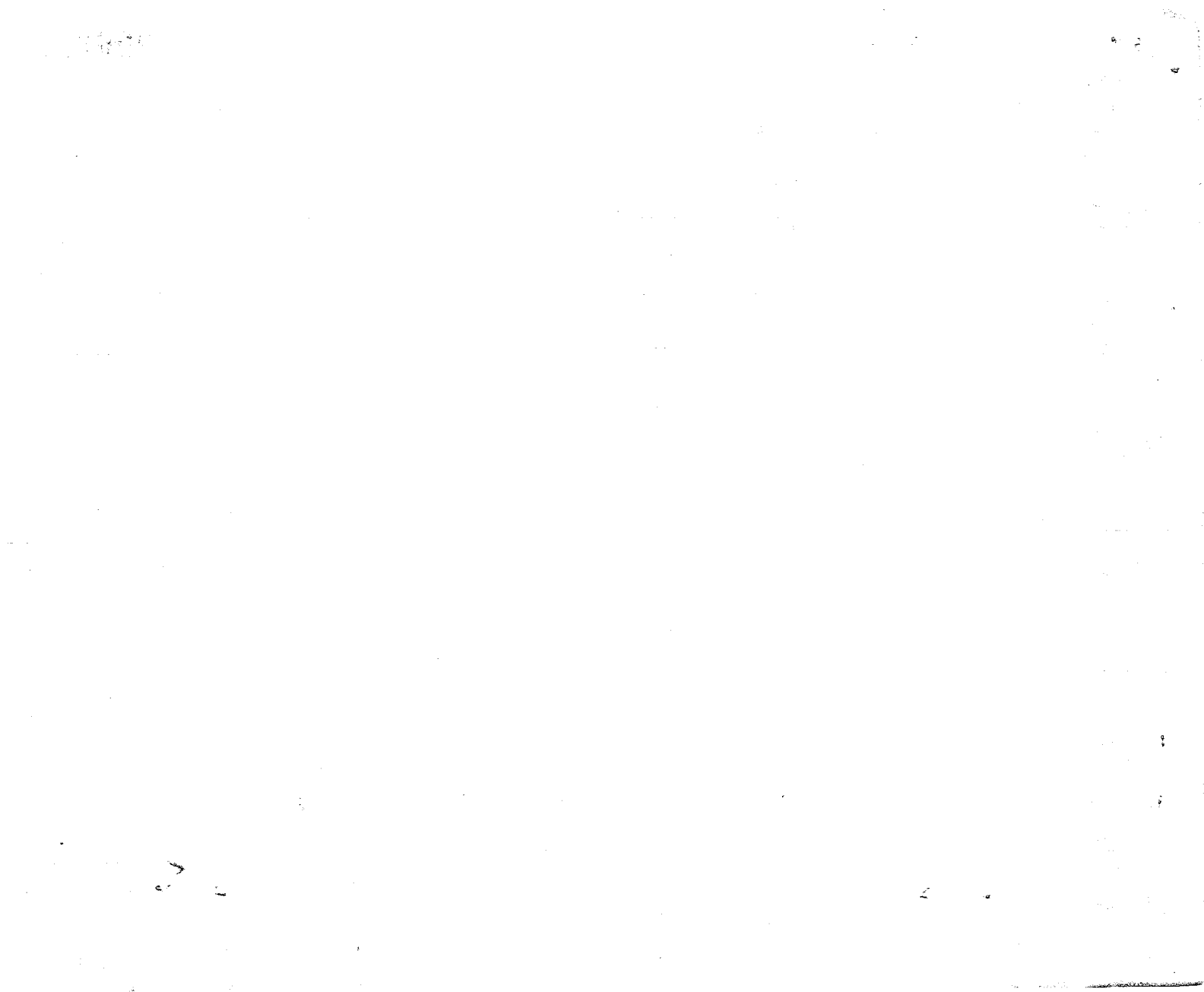
22. Birthplace (city or place) Austin Nevada  
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. wife House keeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home  
25. Date (month and year) last engaged in this work Continuous 26. Total time (years) spent in this work FF

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown  
28. Number of children of this mother (At time of this birth and including this child) Three  
(a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was John Merritt Gilmer at 12-30 P.M. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) Emma Merritt Gilmer, M. D.  
or Mother, Midwife  
Address 403-10 St Santa Monica Cal  
Filed AUG - 5 1940, 193 Mae J Atwood Registrar.  
Bureau of Vital Statistics



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California

County of Los Angeles

### AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma Merritt Gilmer

being first duly sworn says that

she is the Mother of John Merritt Gilmer

(Relationship of child)\*

born Dec. 27, 1897 at Salmon city, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Merritt Gilmer

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that George A. Kenney, M.D., M. D., was the Midwife

medical attendant at the birth of said John Merritt Gilmer and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant

Emma Merritt Gilmer

P. O. Address 403 - 10th St., Santa Monica, Calif.

Subscribed and sworn to before me this 2nd day of August, 1940.

Helen M. Plitt

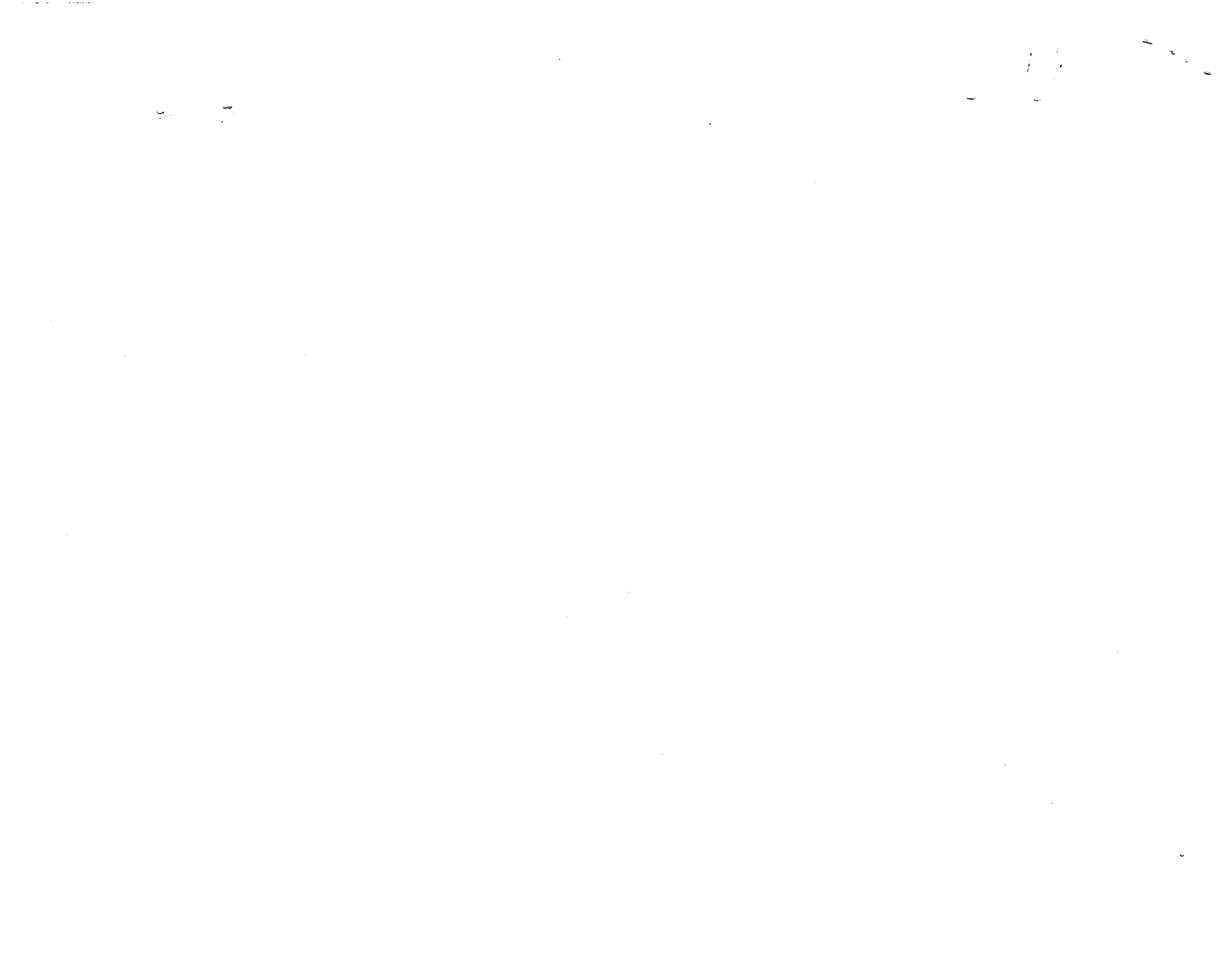
Notary Public.

My Commission expires Nov. 16, 1941.

Residing at Santa Monica, California, Idaho.

for Los Angeles County

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A255-119 029-556

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

296431

1. PLACE OF BIRTH  
County of Idaho  
City of Moscow  
No. At Home **AUG 9 1940** Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Charles Fred Benson

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Jan 19, 1899  
5. Number, in order of birth \_\_\_\_\_ Full term yes mate? No (Month, Day, Year)

9. Full name FATHER Charles De Hass Benson 18. Full maiden name MOTHER Annie Laura Meroland

10. Residence (usual place of abode) Moscow, Idaho 19. Residence (usual place of abode) Moscow, Idaho  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 39 (years) 20. Color or race White 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Wheeling Virginia 22. Birthplace (city or place) Walla Walla Washington  
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machineist 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work January 25 1924 17. Total time (years) spent in this work 5 years 25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work 5 1/2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 4  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed Aug, 1940

Registrar.

Registrar.



104808

104808

104808

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington

County of Wahacon

ss.

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Annie Laura Benson being first duly sworn says that  
I am the Mother of Charles Fred Benson  
(Relationship of child)\*  
born January 19 1897 at Mooreau, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Fred Benson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Hoffman, M. D., was the ~~midwife~~  
medical attendant at the birth of said Charles Fred Benson and that  
the said medical attendant is can not be located

(Now deceased (or) cannot be located)

Name of Affiant Mrs Annie Laura Benson

P. O. Address 1112 Roland St, Bellingham Wash.

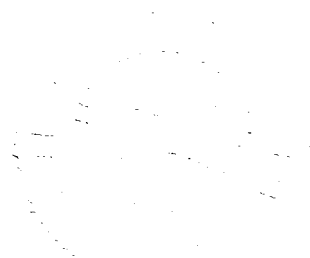
Subscribed and sworn to before me this 5th day of August, 1900

Notary Public.

Residing at Bellingham, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 6 1961



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

716223032467

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **296478**

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF BIRTH:

(a) County Lincoln (b) City Shoshone  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. x days.  
In THIS county. 10 years. .... months. .... days.

## 2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Lincoln  
(c) City Shoshone  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
(f) Mother's mailing address Shoshone Idaho  
3. RESIDENCE OF FATHER (city, state) Idaho

## 4. FULL NAME OF CHILD

Ruby Louise Grosse

## 5. Date of Birth

(Month, day, year) Apr. 23, 1897

## 6. Sex

Female

## 7. Twin or Triplet

If so—born  
1st, 2nd, 3rd

## 8. No. months of Pregnancy

9. Legitimate? Yes

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME Frank E Grosse

16. FULL MAIDEN NAME Carrie M Marton

11. Color or Race White 12. Age at time of THIS birth. 34 yrs.

17. Color or Race White 18. Age at time of THIS birth. 18 years

13. Birthplace Schoenfeld Germany  
(City or town) (State or foreign country)

19. Birthplace Buffalo Colorado  
(City or town) (State or foreign country)

14. Exact Occupation Stationary Engineer & Hostler

20. Exact Occupation Housewife

15. Industry or Business Oregon Short Line at Shoshone

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead x (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:15 A.M. on the date Aug 14 1940 and at the place stated above, and that personal particulars were furnished by Carrie M Grosse, who is related to this child as Mother (First name) (Last name)  
(Mother, etc.)

26. (a) AUG 14 1940 (Date received) (b) (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature)

and address Date

State of Idaho } ss.  
County of Lincoln

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie M Grosse, being first duly sworn, say that I am related to Ruby Louise Grosse as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Rose O'Connor, who attended said birth, is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of August, 1940

(SEAL)

Carrie M Grosse Notary Public, residing at Shoshone Idaho  
Shoshone Idaho P. O. Address

MADE TO BE PRINTED

MAY 21 1939

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1 863114 008 251  
PLACE OF BIRTH  
County of Idaho **Boise**  
City of Ola  
No. \_\_\_\_\_ St. \_\_\_\_\_

RECEIVED  
AUG 14 1940  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
296518  
296  
CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Robert Lincoln Holbrook

3. Sex <b>Male</b>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <b>X</b>	7. Legiti- mate? <b>Yes</b>	8. Date of birth <b>Mar. 14, 1897</b> (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name **FATHER**  
John Murray Holbrook  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Ola  
11. Color or race **White** | 12. Age at last birthday **29** (years)  
13. Birthplace (city or place)  
(State or Country) Des Moines  
Iowa  
14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. **Farmer**  
15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. **Farm**  
16. Date (month and year)  
last engaged in this work \_\_\_\_\_  
17. Total time (years) spent  
in this work \_\_\_\_\_

OCCUPATION

18. Full maiden name **MOTHER**  
Amelia Christina Louisa Beal  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Ola  
20. Color or race **white** | 21. Age at last birthday **24** (years)  
22. Birthplace (city or place)  
(State or Country) Springfield,  
Illinois  
23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. **Housewife**  
24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. **Home**  
25. Date (month and year)  
last engaged in this work \_\_\_\_\_  
26. Total time (years) spent  
in this work \_\_\_\_\_

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living **1** (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation { months or weeks }  
30. Cause of Stillbirth { During labor. Before labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or Mrs. Mary E. Holbrook, Midwife  
Address \_\_\_\_\_

Filed Aug, 1940  
Registrar. Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A434103 029 291  
1. PLACE OF BIRTH

County of \_\_\_\_\_  
City of Genevieve  
No. 2200

RECEIVED

JUL 28 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296542

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

Rewis Bert Mc Munegle McMunegle

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date birth May 3 - 1917 (Month, Day, Year)

9. Full name FATHER Robert Burns Mc Munegle

18. Full maiden name MOTHER Mary Emma Graham

10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_

19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_

11. Color or race White 12. Age at last birthday 29 (years)

20. Color or race White 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Laraway, Ohio

22. Birthplace (city or place) (State or Country) Fergus, Ontario Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Builder

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Householder

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Carpenter

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. General Carpenter

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work Dec 16 - 1916 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 3  
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

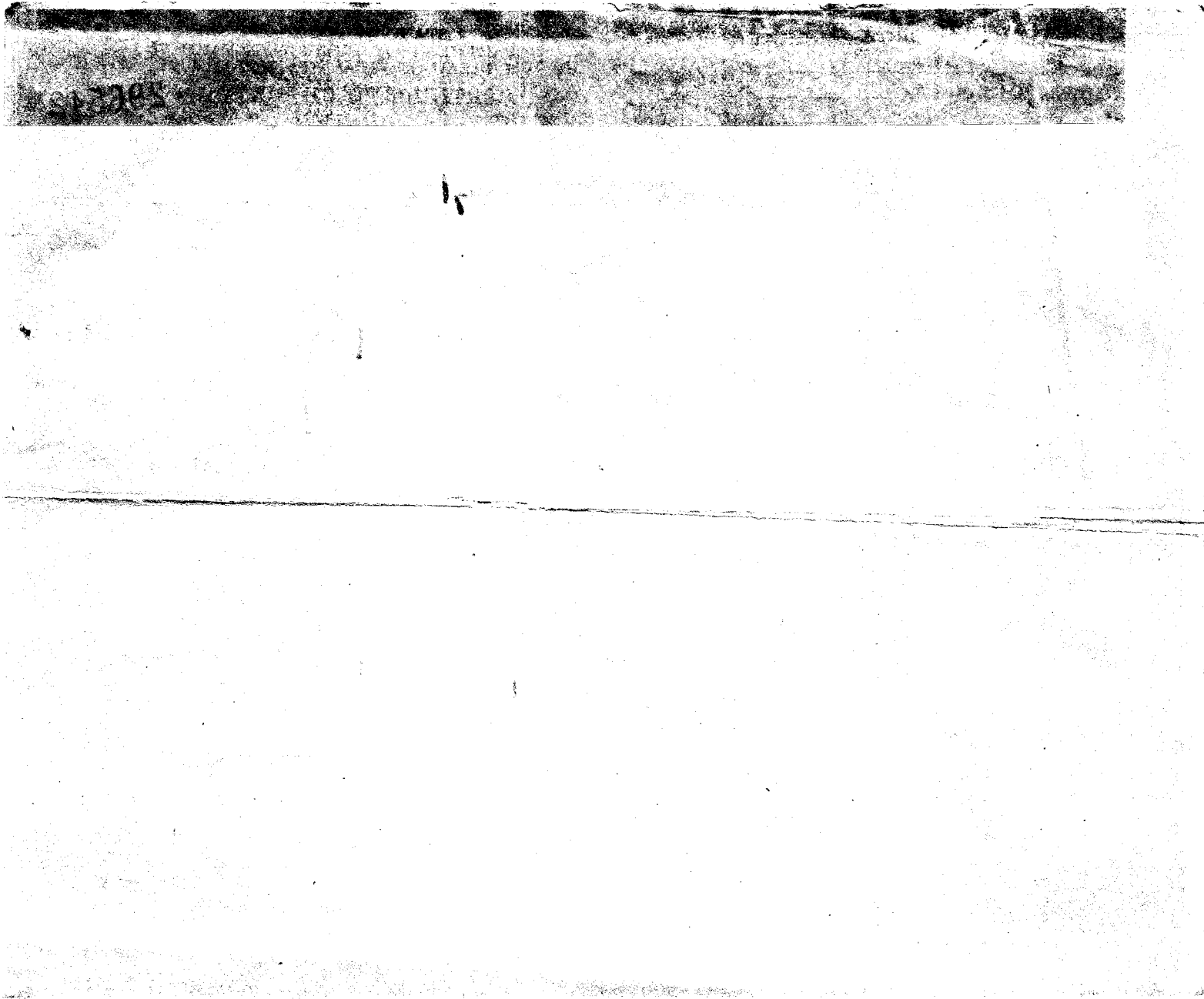
Address \_\_\_\_\_

Filed July, 1940

Registrar.

Registrar.





# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED  
JUL 28 1940

State of Wyoming  
County of Campbell

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ruth Mc Munege Barlow being first duly sworn says that  
she is the Aunt of Lewis B. Mc Munege  
(Relationship of child)\*  
born July 3, 1897 at Genessee, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lewis B. Mc Munege  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Conant Sr., M. D., was the  
medical attendant at the birth of said Lewis B. Mc Munege and that  
the said medical attendant is now deceased  
(Now deceased (or) cannot be located)

Name of Affiant Ruth Mc Munege Barlow  
P. O. Address Gillette Wyoming

Subscribed and sworn to before me this 16 day of July, 1940

Fred L. Barlow U.S. Commissioner  
Notary Public.  
Residing at Gillette Wyo., Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 6 1965

SEP 4 1967

JUL 27 1962

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437105 028 881

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **296575**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:** (a) County Rootenai (b) City Fish Lake  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
In **THIS** county. .... years. .... months. .... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Rootenai  
(c) City Fish Lake  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 3 yrs.  
(f) Mother's mailing address Fish Lake, Idaho
3. **RESIDENCE OF FATHER** (city, state) Fish Lake, Idaho

4. **FULL NAME OF CHILD** Edward McGhauey
5. Date of Birth (Month, day, year) July 5, 1897
6. Sex Male 7. Twin or Triplet      If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD  |   | MOTHER OF CHILD                                 |  |
|--|---|---|--|
| 10. <b>FULL NAME</b> <u>Calvin Luther McGhauey</u>                               | 16. <b>FULL MAIDEN NAME</b> <u>Eileen Mary Hyatt</u>                                    | 17. Color or Race <u>White</u>                  | 18. Age at time of THIS birth <u>24</u> yrs. |
| 11. Birthplace <u>Decatur, Iowa</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>    </u> <u>Kentucky</u><br>(City or town) (State or foreign country) | 20. Exact Occupation <u>Railroad contractor</u> | 21. Exact Occupation <u>Housewife</u>        |
| 12. Age at time of THIS birth <u>28</u> yrs.                                     |   | 22. Industry or Business <u>    </u>            |  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead      (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date      and at the place stated above, and that personal particulars were furnished by     , who is related to this child as      (First name) (Last name) (Mother, etc.)

26. (a)      (Date received) (b)      (Registrar's signature)
27. Given name added on      by      (Registrar's signature)
25. Attendant's **OWN** signature      M.D. or      (D.O., Midwife, etc.) and address      Date

State of California } ss.  
County of Humboldt

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lenoy Sanford McGhauey, being first duly sworn, say that I am related (Related to (or) acquainted with) Edward McGhauey as oldest brother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that our maternal grandmother, who attended said birth as midwife is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 12th day of August, 1940

(SEAL) Lenoy Sanford McGhauey Notary Public, residing at Eureka, California

JUL 27 1962

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or, if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9472104765  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**RECEIVED CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **296593**  
Local Reg. No. ....  
Reg. Dist. No. ....

**AUG 19 1940**

<b>1. PLACE OF BIRTH:</b> (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .... (e) Mother's stay BEFORE delivery: <u>own home</u> In Hosp. or Mat. Home.....days. In THIS county <u>38</u> years.....months.....days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho <u>10</u> yrs. (f) Mother's mailing address <u>Caldwell Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Gilman Jones Brumbaugh</u>		<b>5. Date of Birth</b> (Month, day, year) <u>April 21-1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> .....	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>YES</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>LEVI LEWIS Brumbaugh</u>		<b>16. FULL MAIDEN NAME</b> <u>LUZENA BELL JONES</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>45</u> yrs.	<b>17. Color or Race</b> <u>white</u>	<b>18. Age at time of THIS birth</b> <u>38</u> years
<b>13. Birthplace</b> <u>CARLE Pennsylvania</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Chicago Illinois</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Carpenter</u>		<b>20. Exact Occupation</b> <u>HOUSEWIFE</u>	
<b>15. Industry or Business</b> .....		<b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

<b>26. (a).....</b> (Date received)	<b>(b).....</b> (Registrar's signature)
<b>27. Given name added on.....by.....</b> (Registrar's signature)	
<b>25. Attendant's OWN signature.....</b> (D.O., Midwife, etc.) and address.....Date.....	

State of California } ss.  
County of San Diego }

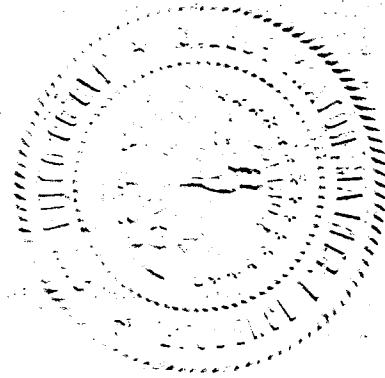
Nettie Frances Cody, being first duly sworn, say that I am Sister of  
(Name of person on certificate above) (State relationship or acquaintance)  
Gilman Jones Brumbaugh, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife Mrs. White, who attended said birth deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Nettie Frances Cody Name  
Box 26, Palmdale, Calif. P. O. Address  
Subscribed and sworn to before me on this 15 day of August, 1948  
(SEAL) Florence E. Stearns Notary Public, residing at 664 Del Mar Blvd.  
My Commission Expires Dec. 14, 1942

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Latah  
City of Genesee  
No. 655-218-029 453 St.

AUG - 8 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296745

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Vida Lorena Fenn

3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan. 18, 1897</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name <u>Stephen S Fenn</u>	FATHER	18. Full maiden name <u>Zora A. Delmage</u>	MOTHER
---------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Whitebird, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Whitebird, Ida.</u>
--	--

11. Color or race <u>white</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>22</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Lewiston, Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Minneapolis, Minn</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>worked at different lines until moved to Spokane, Wash. in 1924 then worked 6 yrs in County Road</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>taught school 1891-92-93</u>
--	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>before his death in 1930</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Married 1893 and house keeper in own home since</u>
--	---

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)  
four  
(a) Born alive and now living one (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor During labor
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) Zora A Fenn mother, ###

or \_\_\_\_\_, ###

Address 2023 West Third Ave, Spokane, Wash

Filed AUG - 8 1940, 193\_\_\_\_

Registrar.





# STATE OF IDAHO

296745

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington

County of Spokane

### AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Zora Fenn, 2023 W 3rd Ave, Spokane, Wn.

being first duly sworn says that

she is the mother

(Relationship of child)\*

of Vida Lorena Fenn, now Mrs. Ray Coen

born Jan. 18, 1897

(Date of birth)

at Genesee, Latah County,

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-

cate of birth of the said Vida Lorena Fenn, are

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Leonard Harvey

M. D., was the Midwife

medical attendant at the birth of said Vida Lorena Fenn

and that the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant

Zora A Fenn

P. O. Address

W2023 3rd Ave, Spokane, Wash.

Subscribed and sworn to before me this

first

day of

August

1940

19.

J. M. Coen

Notary Public.

Residing at Spokane, Wash.

Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Latoh  
County of Latoh  
City of Genesee  
No. \_\_\_\_\_ St. \_\_\_\_\_  
RECEIVED  
AUG -7 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
296748  
CERTIFICATE OF BIRTH

Registration District No. 206 State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dewey Ray Wardrobe

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? ✓ 8. Date of birth Sept 21 1897  
(MONTH, DAY, YEAR)

9. Full name FATHER Andrew Mark Wardrobe 18. Full maiden name MOTHER Isabell Slack

10. Residence (usual place of abode) (If non-resident, give place and State) Genesee 19. Residence (usual place of abode) (If non-resident, give place and State) Genesee

11. Color or race W 12. Age at last birthday 60 (years) 20. Color or race W 21. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or country) Glasgow, Scotland 22. Birthplace (city or place) (State or country) Carlisle England

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Land</u>	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____
OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>			
	25. Date (month and year) last engaged in this work _____, 19____			
	26. Total time (years) spent in this work _____			

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 12 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ or weeks \_\_\_\_\_ } 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

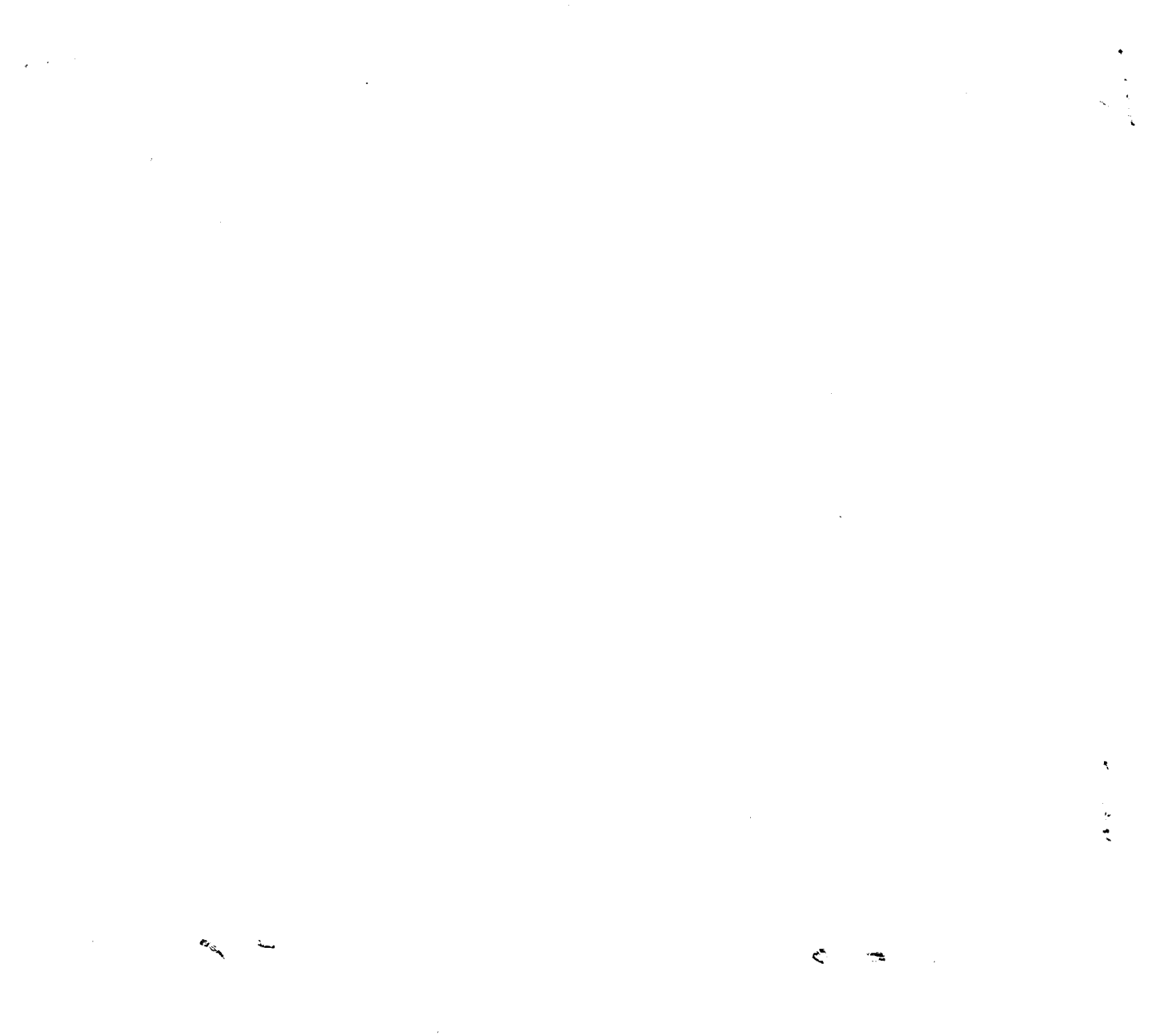
Give name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

Filed Aug 1940

Registrar.

Registrar.



# STATE OF IDAHO

296748

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AUG - 7 1946

State of Idaho }  
County of Latah } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary B. Wardrobe being first duly sworn says that  
she is the sister of Dewey Ray Wardrobe  
(Relationship of child)\*  
born Sept. 21, 1897 at Genesee, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that Dewey Ray Wardrobe desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dewey Ray Wardrobe  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. J. L. Conant, M. D., was the  
medical attendant at the birth of said Dewey Ray Wardrobe  
the said medical attendant is deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant Mary B. Wardrobe  
P. O. Address Genesee, Idaho

Subscribed and sworn to before me this 13 day of July, 1946

J. W. B. Burr  
Notary Public.  
Residing at Genesee, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

100

100

100

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Blaine  
City of Soldier  
No. \_\_\_\_\_ St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

298001

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Marie Jean Young

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth June 6 1897  
(Month, Day, Year)

9. Full name FATHER John Alfred Young  
10. Residence (usual place of abode) \_\_\_\_\_  
(If non-resident, give place and State) \_\_\_\_\_  
11. Color or race white 12. Age at last birthday 34 (years)  
13. Birthplace (city or place) \_\_\_\_\_  
(State or Country) Clinton Missouri  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent \_\_\_\_\_  
in this work \_\_\_\_\_

OCCUPATION

18. Full maiden name MOTHER Sadie May Daugherty  
19. Residence (usual place of abode) \_\_\_\_\_  
(If non-resident, give place and State) \_\_\_\_\_  
20. Color or race white 21. Age at last birthday 24 (years)  
22. Birthplace (city or place) \_\_\_\_\_  
(State or Country) Keokuk, Iowa  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent \_\_\_\_\_  
in this work \_\_\_\_\_

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother \_\_\_\_\_ (At time of this birth and including this child)  
Five (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_  
Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Signed) \_\_\_\_\_ M.D.  
or Mrs. Sadie May Young Midwife  
Address Maish  
Filed Aug, 1940  
Registrar.

Registrar.

Registrar.



00295

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho RECEIVED  
County of Camaro AUG 30 1940

### AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ladie May Young being first duly sworn says that  
she is the Mother of Marie Jean Young  
(Relationship of child)  
born June 6th 1897 at Soldier, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Statute Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Marie Jean Young

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded

Affiant further states that Mrs Tom Skelton M. D. was the  
medical attendant at the birth of said Marie Jean Young Midwife  
the said medical attendant is now deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant Ladie May Young

P. O. Address Hartfield Idaho

Subscribed and sworn to before me this 26th day of August, 1940

Tom Skelton  
Notary Public.  
Residing at Hartfield, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Birth of John Breckenridge Goode noted on Page 293062 of "Virginia Cousins"  
United States (Be sure the information is as of date of birth of this child)  
Department of Commerce  
Bureau of the Census  
766-127-028 284  
CERTIFICATE OF BIRTH SEP 3 - 1940  
STATE OF IDAHO  
State File No. 298062  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH:  
(a) County... Kootenai (b) City... Coeur d'Alene  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: Neither  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home... days.  
In THIS county... 1 years 0 months 0 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)  
(a) State... Maryland (b) County... Baltimore  
(c) City... Baltimore  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 2 yrs.  
(f) Mother's mailing address... Dead

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD... Stuart Symington Goode  
5. Date of Birth (Month, day, year) Nov. 27, 1897  
6. Sex... Male  
7. Twin or Triplet XXXXXX If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9  
9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME... John Breckenridge Goode  
11. Color or Race... White 12. Age at time of THIS birth... 33 yrs.  
13. Birthplace... Norfolk Virginia (City or town) (State or foreign country)  
14. Exact Occupation... Attorney at law  
15. Industry or Business... Dead

MOTHER OF CHILD  
16. FULL MAIDEN NAME... Lelia Skipwith Symington  
17. Color or Race... White 18. Age at time of THIS birth... 30 years  
19. Birthplace... Baltimore Maryland (City or town) (State or foreign country)  
20. Exact Occupation... Housewife  
21. Industry or Business... Dead

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child... 4 (b) Born alive and now living... 3  
(c) Born alive and now dead... 1 (d) Stillborn... 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date... (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by... who is related to this child as... (First name) (Last name)

26. (a) Sep 3, 1940 (b) Mae G. Atwood  
(Date received) (Registrar's signature)  
27. Given name added on... by...  
(Registrar's signature)

25. Attendant's OWN signature... M.D. or... (D.O., Midwife, etc.)  
and address... Date

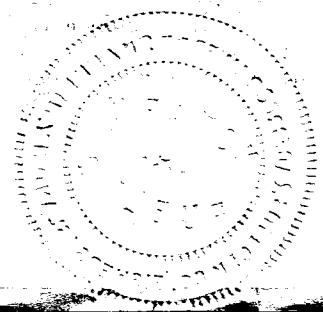
State of... New York } ss.  
County of... Suffolk  
X I, Lelia Goode Taylor, being first duly sworn, say that I am related to (sister) Stuart Symington Goode as oldest sister (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Maj. Brechemin, 16th Inf. attended said birth... and that this birth has not been previously recorded. (Name of attendant at birth) Medical Off. Lelia Goode Taylor 16th U.S. Inf. Name  
(Is now deceased (or) cannot be located)  
701 Cathedral St., Baltimore, Maryland P. O. Address

Subscribed and sworn to before me on this 28th day of August 1940  
(SEAL) P. R. L. Notary Public, residing at P. R. L. Island, N.Y.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863209 035-863

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298192

298192

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF BIRTH:

(a) County... My. Pacer (b) City... Lenore

(c) Street Address or R.F.D. No. ....

(d) Name of Hospital or Maternity Home: ....

(e) Mother's stay BEFORE delivery: SEP 12 1940

In Hosp. or Mat. Home... days.

In THIS county... years... months... days.

## 2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State... Idaho (b) County... My. Pacer

(c) City... Lenore

(d) Street Address or R.F.D. No. 1610-16th Ave

(e) How long has MOTHER lived in Idaho? 41 yrs.

(f) Mother's mailing address: ....

## 3. RESIDENCE OF FATHER (city, state) .....

4. FULL NAME OF CHILD Ruth Hollingsworth

5. Date of Birth (Month, day, year) Nov. 9 - 1940

6. Sex female 7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

### FATHER OF CHILD

### MOTHER OF CHILD

10. FULL NAME William Hollingsworth

16. FULL MAIDEN NAME Wm. M. Hollingsworth

11. Color or Race white 12. Age at time of THIS birth 26 yrs.

17. Color or Race white 18. Age at time of THIS birth 26 years

13. Birthplace Maribury Neb. (City or town) (State or foreign country)

19. Birthplace Maribury Neb. (City or town) (State or foreign country)

14. Exact Occupation farmer

20. Exact Occupation house wife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes  
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) Sept 10, 1940 (b) Palmer Budy  
(Date received) (Registrar's signature)

25. Attendant's OWN signature..... M.D. or (D.O., Midwife, etc.)

27. Given name added on..... by.....  
(Registrar's signature)

and address Date

State of Washington } ss.

County of Asotin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E. B. Hollingsworth, being first duly sworn, say that I am..... related to  
Ruth Hollingsworth as..... (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth..... (Name of attendant at birth)  
and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of September 1940

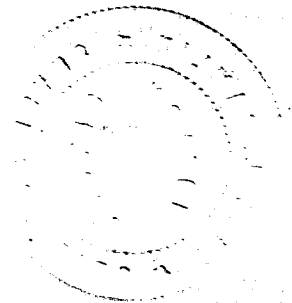
(SEAL)

Eula L. Howell Notary Public, residing at Lenore Idaho

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **298444**

Local Reg. No. ....

Reg. Dist. No. ....

795-225 036-466

SEP 3 1940

## 1. PLACE OF BIRTH:

- (a) County Oneida (b) City Woodruff  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

## (e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home ..... days  
In THIS county all her life ..... days

## 2. USUAL RESIDENCE OF MOTHER: (Always fill in these)

- (a) State Idaho (b) County Conejock  
(c) City Woodruff  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 65 yrs.  
(f) Mother's mailing address Woodruff

## 3. RESIDENCE OF FATHER (city, state) Woodruff

## 4. FULL NAME OF CHILD Julia Ann Green Sawyer

5. Date of Birth Sept 25, 1897  
(Month, day, year)

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy ..... 9. Legitimate? yes

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME Alma Heber Green  
11. Color or Race white 12. Age at time of THIS birth 27 yrs.  
13. Birthplace West Portage, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation farming  
15. Industry or Business .....

16. FULL MAIDEN NAME Hortensia Morn Green  
17. Color or Race white 18. Age at time of THIS birth 27 years  
19. Birthplace Farmington, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....  
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)  
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)  
and address ..... Date .....

State of Idaho }  
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alma Heber Green, being first duly sworn, say that I am Related  
Julia Ann Green Sawyer as Father (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Anderson, who attended said birth, deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded

ALMA WEBER GREEN Name  
M. Bannock Ida P. O. Address

Subscribed and sworn to before me on this 17 day of Aug. 1940  
(SEAL) J. F. M. [Signature] Notary Public, residing at M. Bannock Ida.



AUG 7 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1942  
JUL 11 1942  
JUL 11 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Elk City</u> No. <u>Idaho</u> St. <u>Idaho</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 299540	
2. FULL NAME OF CHILD <u>Eunice Katherine M<sup>c</sup>Entee</u>		3. Sex <u>female</u> If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	
6. Premature _____ Full term <u>yes</u>		7. Legiti- mate? <u>yes</u>	
8. Date of birth <u>Sept 19</u> , 1897 (Month, Day, Year)			
9. Full name FATHER <u>Patrick H. M<sup>c</sup>Entee</u>		10. Full maiden name MOTHER <u>Nellie Robinson</u>	
11. Residence (usual place of abode) (If non-resident, give place and State) <u>Elk City</u>		12. Residence (usual place of abode) (If non-resident, give place and State) <u>Elk City</u>	
13. Color or race <u>white</u> 14. Age at last birthday <u>39</u> (years)		15. Color or race <u>white</u> 16. Age at last birthday <u>22</u> (years)	
17. Birthplace (city or place) (State or Country) <u>County Cavan Ireland</u>		18. Birthplace (city or place) (State or Country) <u>Walla Walla Washington</u>	
19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>		20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>mines</u>		22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
23. Date (month and year) last engaged in this work _____, 19____		24. Date (month and year) last engaged in this work _____, 19____	
25. Total time (years) spent in this work <u>10 years</u>		26. Total time (years) spent in this work <u>5 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>three</u>			
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>none</u> (c) Stillborn <u>none</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed Sep. 23, 1940 Mar G. Atwood

Registrar.

Registrar.

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

1895

435-219.025-942

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

SEP 27 1940

### AFFIDAVIT

State of Idaho }  
County of Idaho } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie M<sup>c</sup>Entee being first duly sworn says that  
she is the mother of Eunice Katherine M<sup>c</sup>Entee  
(Relationship of child)\*  
born Sept 19 1897 at Elk City, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eunice Katherine M<sup>c</sup>Entee

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Mrs Emma Turner ~~M.D. was the~~ Midwife  
medical attendant at the birth of said Eunice Katherine M<sup>c</sup>Entee and that  
the said medical attendant is now deceased

(Now deceased ~~or~~ cannot be located)

Name of Affiant Nellie M<sup>c</sup>Entee  
P. O. Address Granville Idaho

Subscribed and sworn to before me this 20 day of Sept., 1940

Granville  
Notary Public.  
Residing at Granville, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Lichtenthal and Whistler (1973).

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

[illegible]

WRITE PLAINLY WITH INK- THIS IS A PERMANENT RECORD, N.B.-In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Oneida  
City of Preston  
No. \_\_\_\_\_ St. \_\_\_\_\_

RECEIVED  
SEP 16 1940

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

299597

Registration District No. 540 State File No. 299597  
Prim. Registration District No. 2119 Local Registrar's No. 38

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ralph Howell Lamont

3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth X 6. Premature \_\_\_\_\_ Full term X 7. Legitimate? Yes 8. Date of birth February 17 1897  
(Month, Day, Year)

9. Full name FATHER  
Louis A. Lamont

18. Full name MOTHER  
Martha Jane Howell

10. Residence (usual place of abode)  
(If non-resident, give place and State) Preston Idaho

19. Residence (usual place of abode)  
(If non-resident, give place and State) Preston Idaho

11. Color or race white 12. Age at last birthday 36 (years)

20. Color or race white 21. Age at last birthday 39 (years)

13. Birthplace (city or place)  
(State or Country) Ossian Livingston Co New York

22. Birthplace (city or place)  
(State or Country) Franklin Idaho Oshada Co.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 17

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
7 (a) Born alive and now living 7.6 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks 30. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) \_\_\_\_\_, M. D.  
or Jane Marchand Howell, Midwife

Address (Ossian)

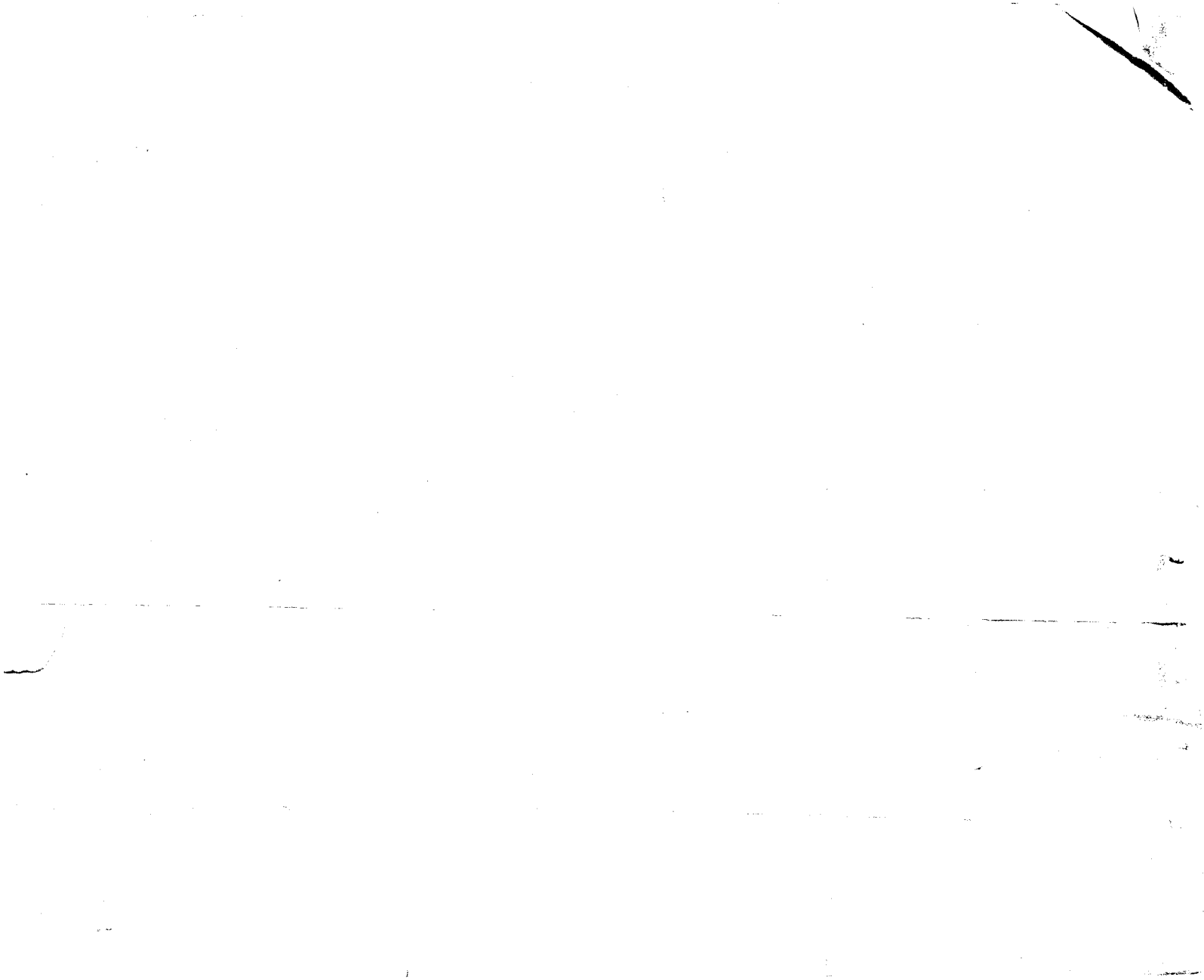
Filed 9-13-40, 1930 G. W. Sales

Registrar.

Registrar.

When there was no attending physician or midwife, then the (father) householder, etc., should make this return.

Give name added from a supplemental report. L. A. Lamont  
(Date of) \_\_\_\_\_



314-117.036-869

# STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH

**RECEIVED**  
BUREAU OF VITAL STATISTICS

SEP 16 1940

State of IDAHO

County of BANNOCK

ss.

## AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... LOUIS A. LAMONT ..... being first duly sworn says that

..... he is the father ..... of Ralph Howell Lamont .....  
(Relationship of child)\*

born February 17, 1896 ..... at Preston ..... , Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Ralph Howell Lamont ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ralph Howell Lamont .....

..... hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Jane Morehead Howell ..... ~~XXXXXX~~ Midwife .....  
medical attendant at the birth of said Ralph Howell Lamont ..... and that  
the said medical attendant is now deceased. .....  
(Now deceased (or) cannot be located)

Name of Affiant Louis A. Lamont .....

P. O. Address 345 South 5th Ave. Pocatello, Idaho.

Subscribed and sworn to before me this 12th day of July, 19 40

Edward Green  
Notary Public.

Residing at Pocatello ..... , Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



JAN 9 1953

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. **299734**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County <u>Jefferson</u> (b) City <u>Lewisville</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home <u>none</u> (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home <u>no</u> days. In <b>THIS</b> county <u>12</u> years.....months.....days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Lewisville</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>12</u> yrs. (f) Mother's mailing address <u>deceased</u> <b>3. RESIDENCE OF FATHER</b> (city, state) <u>Rigby, Ida</u>	
<b>4. FULL NAME OF CHILD</b> <u>Gorton Nelson Bennett</u>		<b>5. Date of Birth</b> <u>July 30th, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>no</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Bash L. Bennett</u>		<b>16. FULL MAIDEN NAME</b> <u>Alice E. Williams</u>	
<b>11. Color or Race</b> <u>white</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>23</u> yrs.		<b>18. Age at time of THIS birth</b> <u>18</u> years	
<b>13. Birthplace</b> <u>Fontanelle, Iowa</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Cambria, Minnesota</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>farmer</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> <u>farmer</u>		<b>21. Industry or Business</b> <u>housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>no</u>		<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>no</u> (d) Stillborn <u>no</u>	
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was.....at.....M. on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
<b>26. (a) Date</b> <u>Sept. 27, 1940</u> <b>(b) Signature</b> <u>Mae G. Atwood</u>		<b>25. Attendant's OWN signature</b> .....M.D. or..... (D.O., Midwife, etc.)	
<b>27. Given name added on</b> .....by..... (Registrar's signature)		<b>and address</b> ..... <b>Date</b> .....	

State of Idaho  
County of Jefferson } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

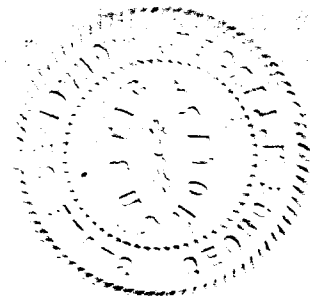
I, Bash L. Bennett, being first duly sworn, say that I am related to Gorton Nelson Bennett as his father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ruth Williams, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26 day of September 1940  
(SEAL) George M. Carson Notary Public, residing at Rigby, Idaho.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

299754  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:**  
(a) County Elmore (b) City Mountain Home  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Elmore  
(c) City Mountain Home  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 9 yrs.  
(f) Mother's mailing address Mountain Home
3. **RESIDENCE OF FATHER** (city, state) Mountain Home

4. **FULL NAME OF CHILD** Arda Elizabeth Turner 5. Date of Birth (Month, day, year) July 23, 1897
6. Sex Female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd        8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD  |  | MOTHER OF CHILD                              |   |
|--|--|--|---|
| 10. <b>FULL NAME</b> <u>Charles Freeman Turner</u>                                 | 16. <b>FULL MAIDEN NAME</b> <u>Lura Belle Dandson</u>                                |  |   |
| 11. Color or Race <u>White</u>   | 17. Color or Race <u>White</u>   | 12. Age at time of THIS birth <u>38</u> yrs. | 18. Age at time of THIS birth <u>30</u> years |
| 13. Birthplace <u>Marionetta Ohio</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Fillmore Missouri</u><br>(City or town) (State or foreign country) |  |   |
| 14. Exact Occupation <u>Stationary Engineer</u>                                    | 20. Exact Occupation <u>Housewife</u>  |  |   |
| 15. Industry or Business <u>Saw Mill</u>   | 21. Industry or Business <u>      </u>   |  |   |

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....  
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... 9 A. M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

26. (a) 9/20/40 (b) Mae G. Atwood 25. Attendant's  
(Date received) (Registrar's signature) **OWN signature**..... M.D. or.....  
(D.O., Midwife, etc.)
27. Given name added on..... by..... and address.....  
(Registrar's signature) Date

State of Idaho } ss.  
County of Ada

I Lura Belle Turner Waland being first duly sworn, say that I am Related to  
Arda Elizabeth Turner as mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that Dr. Smith, who attended  
(Name of attendant at birth)  
said birth Mae deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Lura Bell Turner Waland Name  
1109 Euclid P. O. Address

Subscribed and sworn to before me on this 26th day of September  
Edith Pendleton Notary Public, residing at Boise, Idaho

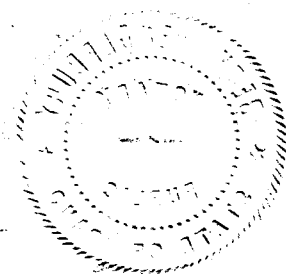
(SEAL)

DEC 26 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **299784**  
Local Reg. No. ....  
Reg. Dist. No. ....

867-2211019293 299784

<b>1. PLACE OF BIRTH:</b> (a) County <u>Salah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>none - at home</u> (d) Name of Hospital or Maternity Home: <u>none - at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. .... days. In THIS county. .... years. .... months. .... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State. .... (b) County. .... (c) City. .... (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? .... yrs. (f) Mother's mailing address. <u>Kurt Washington</u>	
<b>4. FULL NAME OF CHILD</b> <u>Maud Alina Hopkins</u>		<b>5. Date of Birth</b> <u>Aug 21, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>no</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Eli Hopkins</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>29</u> yrs. <b>13. Birthplace</b> <u>Lapeka Kansas</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farming</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Leaphy Ella Bellow</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>22</u> years <b>19. Birthplace</b> <u>Livingston Missouri</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>2</u> <b>23. Number of children of this mother:</b> (a) At time of birth and including this child. <u>2</u> (b) Born alive and now living. <u>2</u> (c) Born alive and now dead. .... (d) Stillborn. ....			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>born alive</u> at <u>11-9</u> M. on the date <u>Aug 21, 1940</u> and at the place stated above, and that personal particulars were furnished by <u>Mae Gatewood</u> who is related to this child as <u>mother</u> (Mother, etc.)			
<b>26. (a)</b> <u>10-8-40</u> (Date received)		<b>25. Attendant's OWN signature</b> <u>Mae Gatewood</u> M.D. or (D.O., Midwife, etc.)	
<b>27. Given name added on</b> <u>Bureau of Vital Statistics</u> by <u>Leaphy Ella Hopkins</u> (Registrar's signature)		<b>and address</b> <u>Kurt Washington</u> <b>Date</b> <u>9-21-40</u>	

State of Washington ss.

County of Shim

I, Leaphy Ella Hopkins, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Maud Alina Hopkins as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 129, 1940 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bentman (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21 day of Sept 1940

(SEAL)

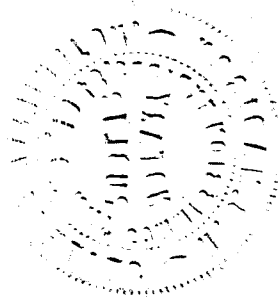
Mae Gatewood Notary Public, residing at Kurt Washington

cc 10-10-40 mfg

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-217-028-469

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

299892  
299892  
State File No. \_\_\_\_\_  
Local Reg. No. 328  
Reg. Dist. No. 120

1. **PLACE OF BIRTH**  
(a) County Postlema (b) City Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Postlema  
(c) City Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho \_\_\_\_\_ yrs.  
(f) Mother's mailing address Boise

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Lillian Belle Steel  
5. Date of Birth (Month, day, year) November 17, 1897  
6. Sex female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 months 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Richard Steel</u>	16. FULL MAIDEN NAME <u>Emma Jane Rhodes</u>		
11. Color <u>white</u> 12. Age at time of THIS birth <u>34</u> yrs.	17. Color <u>white</u> 18. Age at time of THIS birth <u>30</u> years		
13. Birthplace <u>Albany, Missouri</u> (City or town) (State or foreign country)	19. Birthplace <u>Albany, Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(Mother, etc.) (First name) (Last name)

26. (a) 10-7-40 (b) H. Kewenbo, M.D.  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by L. P. Thomas  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. or \_\_\_\_\_  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Province of Alberta } ss.  
County of Cananda

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Jane Steele, being first duly sworn, say that I am Related to  
Lillian Belle Steel as Mother  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emma Rhodes, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of October 1940  
(SEAL) W. H. Wright Notary Public, residing at Cananda, Alberta, Can  
A Commissioner for Oaths in \_\_\_\_\_ the Province of Alberta.



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

29990 **299906**  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH:</b> (a) County... <u>Blaine</u> ..... (b) City... <u>Carey</u> ..... (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home..... days. In <b>THIS</b> county... <u>3</u> ..... years. <u>6</u> ..... months..... days.		<b>2. USUAL RESIDENCE of MOTHER: (Always fill in these)</b> (a) State... <u>Idaho</u> ..... (b) County... <u>Lincoln</u> ..... (c) City... <u>Shoshone</u> ..... (d) Street Address or R.F.D. No..... (e) How long has <b>MOTHER</b> lived in Idaho? - <u>47</u> yrs. (f) Mother's mailing address... <u>Shoshone, Idaho</u>
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<b>4. FULL NAME OF CHILD</b> ..... <u>Harold Perry Harris</u>	<b>5. Date of Birth</b> (Month, day, year)..... <u>February 23, 1897</u>
<b>6. Sex</b> ..... <u>Male</u>	<b>7. Twin or Triplet</b> ..... <u>Single</u>
<b>8. No. months of Pregnancy</b> ..... <u>9 mo.</u>	<b>9. Legitimate?</b> ..... <u>Yes</u>

**FATHER OF CHILD**

**10. FULL NAME**..... Perry Harris

**11. Color or Race**..... White

**12. Age at time of THIS birth**..... 28 1/2 yrs.

**13. Birthplace**..... Hotville, Utah  
(City or town) (State or foreign country)

**14. Exact Occupation**..... Farmer

**15. Industry or Business**..... "

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**..... Ada Howard Harris

**17. Color or Race**..... White

**18. Age at time of THIS birth**..... 21 years

**19. Birthplace**..... Stromersdale, England  
(City or town) (State or foreign country)

**20. Exact Occupation**..... Housewife

**21. Industry or Business**..... "

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child..... 1 (b) Born alive and now living.....  
(c) Born alive and now dead..... (d) Stillborn.....

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... at..... M. on the date.....  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(born alive, stillborn) (First name) (Last name)

**26. (a)** Oct. 11, 1940 **(b)** Mae G. Atwood  
(Date recorded) (Mother, etc.)  
**27. Given name added on**..... **by**.....  
(Registrar's signature) (Registrar's signature)

**Attendant's OWN signature**..... Deceased **M.D. or**.....  
(D.O., Midwife, etc.)  
**and address**..... **Date**.....

**State of**..... Idaho  
**County of**..... Idaho  
**I, Edg. Howard**, being first duly sworn, say that I am..... related  
**Harold Perry Harris** as..... brother  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Susan Harris....., who attended said birth..... Deceased..... and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

**Subscribed and sworn to before me on this**..... 10th day of..... October..... 1940  
**(SEAL)**..... Notary Public, residing at..... Shoshone Idaho

MAR 18 1959

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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756-203 022434

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

300135

State File No. ....  
Local Reg. No. 630.....  
Reg. Dist. No. 236.....

<b>1. PLACE OF BIRTH:</b>		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these)	
(a) County <u>Fremont</u>	(b) City <u>Rexburg</u>	(a) State <u>Idaho</u>	(b) County <u>Fremont</u>
(c) Street Address or R.F.D. No. ....		(c) City <u>Rexburg</u>	
(d) Name of Hospital or Maternity Home: .....		(d) Street Address or R.F.D. No. ....	
(e) Mother's stay <b>BEFORE</b> delivery:		(e) How long has <b>MOTHER</b> lived in Idaho? .....	
In Hosp. or Mat. Home. .... days.		(f) Mother's mailing address. <u>Rexburg</u>	
In <b>THIS</b> country. .... years. .... months. .... days.		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Idaho</u>	

OCT 7 - 1940

<b>4. FULL NAME OF CHILD</b> <u>Margaret M. George</u>	<b>5. Date of Birth</b> (Month, day, year) <u>12. 3. 1897</u>
<b>6. Sex</b> .....	<b>7. Twin or Triplet</b> .....
<b>8. No. months of Pregnancy</b> .....	<b>9. Legitimate?</b> <u>✓</u>

<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Thomas Phillip George</u>	<b>11. Color or Race</b> <u>M.</u>	<b>16. FULL MAIDEN NAME</b> <u>Margaret Mc Millan</u>	<b>17. Color or Race</b> .....
<b>12. Age at time of THIS birth</b> <u>42</u> yrs.	<b>13. Birthplace</b> <u>Ogden Utah</u> (City or town) (State or foreign country)	<b>18. Age at time of THIS birth</b> <u>33</u> years	<b>19. Birthplace</b> <u>Murray Utah</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Teamman for Woodlawn stock</u>	<b>15. Industry or Business</b> .....	<b>20. Exact Occupation</b> <u>Housewife</u>	<b>21. Industry or Business</b> .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 3  
(c) Born alive and now dead 3 (d) Stillborn .....

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 10 P. M. on the date 10-4-40 and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name) who is related to this child as mother (Mother, etc.)

**26. (a)** 10-4-40 (Date received) **(b)** Miss Heppner (Registrar's signature)

**25. Attendant's OWN signature** .....

**27. Given name added on** .....

**28. and address** .....

State of Idaho } ss.  
County of Madison }

I, Margaret George, being first duly sworn, say that I am related to Margaret M. George as Mother (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Willey (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret George Name  
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of October 1940

(SEAL) Fau Notary Public, residing at Rexburg, Idaho.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

NOV 1 1960

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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659121035231

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH  
 County of My Pems  
 City of Sifford  
 No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

OCT 10 1990

Registration District No. 221

State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Charles Henry Heumann

3. Sex m If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 5. Number, in order of birth. \_\_\_\_\_ 6. Premature. \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Oct 21 1897 (Month, Day, Year)

9. Full name FATHER Herman J. Heumann

18. Full maiden name MOTHER Rachel Catharine Stalvaker

10. Residence (usual place of abode) (If non-resident, give place and State) Southworth

19. Residence (usual place of abode) (If non-resident, give place and State) Southworth

11. Color or race w 12. Age at last birthday 30 (years)

20. Color or race w 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Germany

22. Birthplace (city or place) (State or country) W. Va

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work Oct 21 1897

25. Date (month and year) last engaged in this work Oct 20 1897

17. Total time (years) spent in this work 10 yr

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric sol

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks 30. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 P m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. E. Watts, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Sifford Idaho

Filed Sept 2 1990 Patricia Banks Deputy Registrar.

Registrar.

MAR 20 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

Information is as of date of birth of THIS child

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

301207  
State File No. **301208**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH:</b> (a) County. <u>LEWIS &amp; CLARK</u> (b) City. <u>GIBBONSVILLE</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: <u>at home</u> In Hosp. or Mat. Home. _____ days. In THIS county. <u>1</u> years. <u>2</u> months. _____ days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State. <u>California</u> (b) County. <u>Los Angeles</u> (c) City. <u>Los Angeles</u> (d) Street Address or R.F.D. No. <u>2050 Columbia St.</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>2050 Columbia St.</u> <b>3. RESIDENCE OF FATHER</b> (city, state) <u>deceased</u>	
<b>4. FULL NAME OF CHILD</b> <u>Elizabeth Browning Herron</u> Twin or Triplet _____ If so - born 1st, 2nd, 3rd _____		<b>5. Date of Birth</b> <u>Feb. 10, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Female</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>7. Legitimate?</b> <u>yes</u>			
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>David A. Herron</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>Delora, Indiana</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Mining Engineer</u> <b>15. Industry or Business</b> <u>A. D. &amp; M. Mining Co.</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Helena Mary Campbell</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>25</u> years <b>19. Birthplace</b> <u>Helena, Montana</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child. <u>1</u> (b) Born alive and now living. <u>1</u> (c) Born alive and now dead. _____ (d) Stillborn. _____			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.) (First name) (Last name)			
<b>26. (a)</b> <u>Oct 21, 1940</u> <b>(b)</b> <u>Mae G. Atwood</u> (Date received) (Registrar's signature)			
<b>27. Given name added on</b> _____ <b>by</b> _____ <b>of</b> _____ <b>State of</b> _____ <b>Vital Statistics</b> (Registrar's signature)			

State of California } ss.  
County of Los Angeles }  
I, Mary C. Herron, being first duly sworn, say that I am related to (Related to (or) acquainted with)  
Elizabeth Browning Herron as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McHerron, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)  
Mary C. Herron Name  
P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me on this 17th day of Oct. 1940  
(SEAL) M. J. Wilson Notary Public, residing at Los Angeles, Calif.



7/18/41

cc 10/28/40  
PDR

### **DELAYED REGISTRATION LAW**

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884 116-037-953

301217

301217

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH:  
(a) County. Carthage (b) City. Oreana  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. .... days.  
In THIS county. .... years. .... months. .... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)  
(a) State. Idaho (b) County. Carthage  
(c) City. Oreana  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 8 yrs.  
(f) Mother's mailing address. Oreana Id.  
3. RESIDENCE OF FATHER (city, state). Oreana Id.

4. FULL NAME OF CHILD Claude Eugene Hyde  
6. Sex. Male 7. Twin or Triplet ..... If so - born 1st, 2nd, 3rd .....

5. Date of Birth 7/16, 1897  
(Month, day, year) .....  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Benjamin H. Hyde  
11. Color or Race white 12. Age at time of THIS birth 40 yrs.  
13. Birthplace. Rome New York  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business .....

MOTHER OF CHILD  
16. FULL MAIDEN NAME Emma May Petan  
17. Color or Race white 18. Age at time of THIS birth 30 years  
19. Birthplace. Chesaning Michigan  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3  
(c) Born alive and now dead. .... (d) Stillborn. ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

26. (a) ..... (b) Mae G. Atwood  
(Date received) (Registrar's signature)  
27. Given name added on ..... by .....  
(Registrar's signature)

25. Attendant's OWN signature ..... M.D. or .....  
(D.O., Midwife, etc.)  
and address ..... Date .....

State of Idaho } ss.  
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Benjamin H. Hyde, being first duly sworn, say that I am related to  
(Name of person on certificate above) (State relationship or acquaintance)  
Claude Eugene Hyde was ..... mother, whose birth certificate  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that Mrs. G. Atwood, who attended  
said birth. is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Mrs Benjamin H. Hyde Name  
Oreana Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of October  
(SEAL) Seth R. Lindberg Notary Public, residing at Boise Idaho

APR 10 1963

One copy 10/28/40 L.B.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855-128-029-355

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

301297

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) <del>Street Address or R.F.D. No.</del> <u>Rural</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. <u>Home</u> <u>12</u> days. In <b>THIS</b> county <u>12</u> years <u>0</u> months <u>0</u> days.	<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or <del>R.F.D. No.</del> <u>Rural</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>22</u> yrs. (f) Mother's mailing address <u>Genesee, Idaho</u>
---	---

<b>4. FULL NAME OF CHILD</b> <u>HOWTON, THOMAS HENRY</u>	<b>5. Date of Birth</b> (Month, day, year) <u>Jan. 28, 1897</u>
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>-----</u> If so—born 1st, 2nd, 3rd
<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>

**FATHER OF CHILD**

**10. FULL NAME** Howton, George Riley

**11. Color or Race** white **12. Age at time of THIS birth** 31 yrs.

**13. Birthplace** Harrison, Arkansas  
(City or town) (State or foreign country)

**14. Exact Occupation** Farming

**15. Industry or Business** ----

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Nelson, Rose Lee

**17. Color or Race** white **18. Age at time of THIS birth** 22 years

**19. Birthplace** Blowing Rock, N. C.  
(City or town) (State or foreign country)

**20. Exact Occupation** Housewife

**21. Industry or Business** ----

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** ---

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3  
(c) Born alive and now dead 0 (d) Stillborn 0

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 6:00 P. M. on the date Oct. 17, 1940 and at the place stated above, and that personal particulars were furnished by Rose Lee Howton, who is related to this child as Mother  
(Mother, etc.) (First name) (Last name)

**26. (a)** Oct. 17, 1940 **(b)** Mae L. Atwood **25. Attendant's**  
(Date received) (Registrar's signature) **OWN signature** ----- M.D. or -----  
(D.O., Midwife, etc.)

**27. Given name added on** ----- **by** ----- **and address** ----- **Date** -----  
(Registrar's signature)

State of Oregon }  
County of Lincoln } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Rose Lee Howton, being first duly sworn, say that I am related to Thomas Henry Howton as his mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rogers, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Blifford J Chipman Notary Public for Oregon, Notary Public, residing at Newport, Oreg.  
My Commission expires Jan 3rd 1941

Subscribed and sworn to before me on this 15th day of October 1940

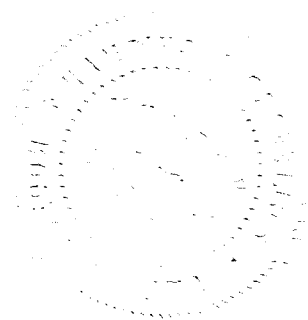
(SEAL)

1961 1 8 NPP

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

OCT 28 1940 STATE OF IDAHO

State File No. 301387  
Local Reg. No. 1245  
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**  
(a) County. Latah (b) City. Moscow  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery: at Home  
In Hosp. or Mat. Home. .... days.  
In THIS county. 12 years. .... months. .... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State. Idaho (b) County. Latah  
(c) City. Moscow  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 12 yrs.  
(f) Mother's mailing address. Moscow, Idaho.
3. **RESIDENCE OF FATHER** (city, state). Moscow, Id.

4. **FULL NAME OF CHILD.** Oscar August Nelson
5. **Date of Birth** Aug. 20, 1897  
(Month, day, year)
6. Sex. Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy        9. Legitimate? Yes.

- | FATHER OF CHILD  |  | MOTHER OF CHILD                               |  |
|--|--|---|--|
| 10. <b>FULL NAME</b> <u>Nels August Nelson</u>                             | 16. <b>FULL MAIDEN NAME</b> <u>Mary Josephine Lind</u>                     |   |  |
| 11. Color or Race <u>white</u>   | 17. Color or Race <u>white</u>   | 12. Age at time of THIS birth. <u>37</u> yrs. | 18. Age at time of THIS birth. <u>24</u> years |
| 13. Birthplace. <u>Sweden</u><br>(City or town) (State or foreign country) | 19. Birthplace. <u>Sweden</u><br>(City or town) (State or foreign country) |   |  |
| 14. Exact Occupation <u>Farmer</u>   | 20. Exact Occupation <u>Housewife</u>                                      |   |  |
| 15. Industry or Business <u>      </u>                                     | 21. Industry or Business <u>      </u>                                     |   |  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 4  
(c) Born alive and now dead. .... (d) Stillborn. ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

26. (a) 10-23-40 (Date received) (b) Mary J. Nelson (Registrar's signature)
27. Given name added on.....by.....  
(Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....  
(D.O., Midwife, etc.)  
and address.....Date.....

State of. Idaho.  
County of. Latah } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J. Nelson, being first duly sworn, say that I am.....the mother of  
Oscar August Nelson as.....  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Dr. W. W. Watkins....., who attended said birth.....is now deceased.....and that this birth has not been previously recorded.....  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....23rd day of.....October, 1940

(SEAL)

.....Mary J. Nelson.....Name  
Moscow, Idaho.....P. O. Address  
.....Anna Nelson.....Notary Public, residing at.....Moscow, Idaho

JUL 14 1970

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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495210006-258

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

301551

State File No. 301551

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**  
(a) County. Bingham (b) City. Blackfoot  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
In **THIS** county. 12 years. \_\_\_\_\_ months. \_\_\_\_\_ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State. Idaho (b) County. Bingham  
(c) City. Blackfoot  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 12 yrs.  
(f) Mother's mailing address. Blackfoot Idaho

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Idaho

4. **FULL NAME OF CHILD** Margaret Kathryn Dietrich

5. Date of Birth (Month, day, year) April 10, 1897

6. Sex. Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

## FATHER OF CHILD

10. **FULL NAME** Frank Siegel Dietrich  
11. Color White 12. Age at time of THIS birth. 34 yrs.  
or Race \_\_\_\_\_ of THIS birth. \_\_\_\_\_ yrs.  
13. Birthplace. Ottawa Kansas  
(City or town) (State or foreign country)  
14. Exact Occupation Lawyer  
15. Industry or Business \_\_\_\_\_

## MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Beble Dietrich  
17. Color White 18. Age at time of THIS birth. 24 years  
or Race \_\_\_\_\_ THIS birth. \_\_\_\_\_ years  
19. Birthplace. McGregor Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1  
(c) Born alive and now dead. \_\_\_\_\_ (d) Stillborn. \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(Mother's signature) Mrs. E. Atwood (First name) (Last name)

26. (a) 11-9-40 (b) Mae G. Atwood  
(Date) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. or \_\_\_\_\_  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of. Idaho } ss.  
County of. Ada

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Beble Dietrich, being first duly sworn, say that I am \_\_\_\_\_ related to \_\_\_\_\_  
(Name of person on certificate above) (State relationship or acquaintance)  
Margaret Kathryn Dietrich as \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended said birth \_\_\_\_\_, is now deceased, and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 9th day of \_\_\_\_\_

Nov 1940 Notary Public for Idaho

(SEAL)

Frances M. Kenna Notary Public, residing at \_\_\_\_\_ residing at Boise, Idaho

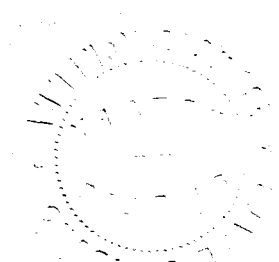
Commission expires Nov. 6, 1944



### **DELAYED REGISTRATION LAW**

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214 210 029 214  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **301567**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County <u>Latah</u> (b) City <u>Troy</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at Mother's home</u> (e) Mother's stay BEFORE delivery: <u>at her home</u> In Hosp. or Mat. Home. .... days. In THIS county .... years. .... months. .... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>29</u> yrs. (f) Mother's mailing address: <u>deceased</u>	
<b>4. FULL NAME OF CHILD</b> <u>Muriel Eva Saunders</u>		<b>5. Date of Birth</b> (Month, day, year) <u>July 10-1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>—</u> If so—born 1st, 2nd, 3rd <u>—</u>	<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <input checked="" type="checkbox"/>	
<b>10. FULL NAME</b> <u>Thomas G. Saunders</u>		<b>16. FULL MAIDEN NAME</b> <u>Alice Mary Saunders</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>47</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>35</u> years
<b>13. Birthplace</b> <u>on</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Clinton Ontario Canada</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>House Wife</u>	
<b>15. Industry or Business</b> .....		<b>21. Industry or Business</b> <u>Keeping house</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (Mother's name) <u>Mrs. L. Atwood</u> (First name) (Last name)			
<b>26. (a) Date</b> <u>Nov. 14, 1940</u> (b) <u>Mae G. Atwood</u> (Date) (Registrar's name)		<b>25. Attendant's</b> <u>OWN signature</u> M.D. or (D.O., Midwife, etc.) and address Date	
<b>27. Given name added on</b> ..... by ..... (Registrar's signature)			

State of Idaho } ss.  
County of Latah }  
I, R. S. Stinson, being first duly sworn, say that I am Uncle (Related to (or) acquainted with) Muriel Eva Saunders as Uncle (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that her Grand Mother (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 2 day of Nov. 1940.  
(SEAL) R. S. Stinson Notary Public, residing at Troy, Idaho

### **DELAYED REGISTRATION LAW**

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301783**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> <i>etch</i> (a) County <i>Boise</i> (b) City <i>Moscow</i> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .... (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home. .... days. In <b>THIS</b> county. .... years. .... months. .... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <i>Idaho</i> (b) County <i>Boise</i> (c) City <i>Moscow</i> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <i>4</i> yrs. (f) Mother's mailing address. ....	
<b>4. FULL NAME OF CHILD</b> <i>Bertha Estelle Ames</i>		<b>5. Date of Birth</b> (Month, day, year) <i>Jan. 27, 1897</i>	
<b>6. Sex</b> <i>F</i>	<b>7. Twin or Triplet</b> <i>No</i> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <i>9</i>	<b>9. Legitimate?</b> <i>Yes</i>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <i>Albert Ames</i> <b>11. Color or Race</b> <i>White</i> <b>12. Age at time of THIS birth</b> <i>29</i> yrs. <b>13. Birthplace</b> <i>Waukegan, Illinois</i> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <i>Blacksmith</i> <b>15. Industry or Business</b> <i>Gen. Blacksmithing</i>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <i>Ellen Frances Purnell</i> <b>17. Color or Race</b> <i>White</i> <b>18. Age at time of THIS birth</b> <i>23</i> years <b>19. Birthplace</b> <i>Allendale, Missouri</i> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <i>Housewife</i> <b>21. Industry or Business</b> ....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> ....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <i>1</i> (b) Born alive and now living <i>1</i> (c) Born alive and now dead <i>0</i> (d) Stillborn <i>0</i>			

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... at..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

(Mother's signature) *Mrs. G. Atwood*  
**26. (a)** *11/18/40* (Date received) **(b)** *Mrs. G. Atwood* (Registrar's signature)  
**27. Given name added on** by *Bureau of Vital Statistics* (Registrar's signature)  
**25. Attendant's OWN signature**..... M.D. or..... (D.O., Midwife, etc.)  
and address..... Date.....

State of *Washington* } ss.  
County of *Snohomish*

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Ellen Frances Ames*, being first duly sworn, say that I am..... mother of  
*Bertha Estelle Ames* as *mother* (State relationship or acquaintance), whose birth certificate  
(Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that..... the doctor (Name of attendant at birth), who attended  
said birth..... is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this *24* day of *October* 1940  
(SEAL) *Notary Public*, residing at *Forrest W.*

1126x

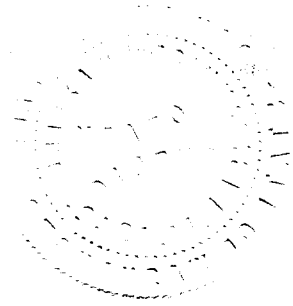
11/26/40

L.B.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Ada</u> City of <u>Boise</u> No. <u>Hospital on N. 9th</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS NOV 20 1940 CERTIFICATE OF BIRTH 301806	
2. FULL NAME OF CHILD <u>Isabel Hawk</u>		Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>✓</u>
9. Full name <u>FATHER</u> <u>Charles Warren Hawk</u>		8. Date of birth <u>4 14 1897</u> (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>South Boise</u>		11. Residence (usual place of abode) (If non-resident, give place and State) <u>South Boise</u>	
11. Color or race <u>white</u>		12. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Near Pittsburgh</u> <u>Pennsylvania</u>		14. Birthplace (city or place) (State or Country) <u>Pike County</u> <u>Missouri</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foreman</u>	OCCUPATION	15. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house keeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>sawmill</u>		16. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work <u>4/14/1897</u>		17. Total time (years) spent in this work <u>5</u>
17. Date (month and year) last engaged in this work <u>4/14/1897</u>		18. Total time (years) spent in this work <u>15</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed Nov. 20, 1940 193 Maie G. Atwood Registrar.

Bureau of Vital Statistics

Certified Copy issued Nov. 26, 1940. E.W.

JUL 12 1945

308178

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Oregon 30  
County of Multnomah NOV 20 1940

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby certify in company a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

she Inabel Hawk Elliott being first duly sworn says that  
she is the daughter of Charles Warren Hawk  
(Relationship of child)\*  
born April 14 1897 at Boise, Idaho,  
(Date of birth)  
whose certificate of birth is hereto attached, and that Inabel Hawk Elliott desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Inabel Hawk Elliott  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Prosser, M. D., was the  
medical attendant at the birth of said Inabel Hawk Elliott and that  
the said medical attendant is deceased  
(Now deceased (or) cannot be located)

Name of Affiant Charles H. Hawk  
P. O. Address 9005 S. E. Division St.  
15th day of August, 1940  
Subscribed and sworn to before me this 15th day of August, 1940  
John Alderton  
Notary Public.  
Residing at Portland, Ore., ~~Idaho~~

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



APR 12 1965

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

696-113-004-235

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 22 1940

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **302891**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County... <u>Bear Lake</u> (b) City... <u>Montpelier</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home... days. In <b>THIS</b> county... years... months... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Bear Lake</u> (c) City... <u>Montpelier</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>4</u> yrs. (f) Mother's mailing address... <u>Montpelier, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> ... <u>Edward William Fife</u>		<b>5. Date of Birth</b> ... <u>9 - 13 - 1897</u> (Month, day, year)...	
<b>6. Sex</b> ... <u>Male</u>	<b>7. Twin or Triplet</b> ... If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> ... <u>9</u>	<b>9. Legitimate?</b> ... <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> ... <u>John Daniel Fife</u> <b>11. Color or Race</b> ... <u>White</u> <b>12. Age at time of THIS birth</b> ... <u>34</u> yrs. <b>13. Birthplace</b> ... <u>Ogden</u> <u>Utah</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> ... <u>Salesman, (retired)</u> <b>15. Industry or Business</b> ...		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> ... <u>Eliza Jane Stewart</u> <b>17. Color or Race</b> ... <u>White</u> <b>18. Age at time of THIS birth</b> ... <u>32</u> years <b>19. Birthplace</b> ... <u>Draper</u> <u>Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> ... <u>Housewife</u> <b>21. Industry or Business</b> ...	

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum .....  
**23.** Number of children of this mother: (a) At time of birth and including this child... 5 (b) Born alive and now living... 5  
(c) Born alive and now dead..... (d) Stillborn.....

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother) Mae G. Atwood (First name) (Last name)  
**26.** (a) Nov. 22, 1940 (b) Mae G. Atwood  
(Date received) (Registrar's signature)  
**27.** Given name Bureau of Vital Statistics  
(Registrar's signature)

**25.** Attendant's **OWN signature**..... M.D. or.....  
(D.O., Midwife, etc.)  
and address..... Date.....

State of... California } ss.  
County of... Los Angeles

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John D. Fife, Jr., being first duly sworn, say that I am... Brother related to Edward William Fife as... Brother (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... Do NOT KNOW who attended said birth... Do NOT KNOW (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this... 19th day of... November 1940  
(SEAL) Ernest Cable Notary Public, residing at... Los Angeles, Calif.  
Notary Public Expires March 29, 1944

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated; when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

135 130 044 363

303059

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

DEC 5 1940

CERTIFICATE OF BIRTH  
STATE OF IDAHO

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

- |   |  |
|---|--|
| 1. PLACE OF BIRTH:<br>(a) County <u>Washington</u> (b) City <u>Cambridge</u><br>(c) Street Address or R.F.D. No. <u>Cambridge Idaho</u><br>(d) Name of Hospital or Maternity Home: <u>Unknown</u><br>(e) Mother's stay BEFORE delivery: <u>Unknown</u><br>In Hosp. or Mat. Home _____ days.<br>In THIS county _____ years _____ month _____ days. | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)<br>(a) State <u>Idaho</u> (b) County <u>Washington</u><br>(c) City <u>Cambridge</u><br>(d) Street Address or R.F.D. No. <u>Cambridge, Idaho</u><br>(e) How long has MOTHER lived in Idaho? <u>Unknown</u> yrs.<br>(f) Mother's mailing address <u>Deceased</u><br>3. RESIDENCE of FATHER (city, state) <u>Deceased</u> |
|---|--|

- |   |   |
|---|---|
| 4. FULL NAME OF CHILD <u>Perry Albert Alera</u> | 5. Date of Birth (Month, day, year) <u>Sept. 30, 1897</u>         |
| 6. Sex <u>Male</u>                              | 7. Twin or Triplet <u>None</u> If so—born 1st, 2nd, 3rd           |
|   | 8. No. months of Pregnancy <u>Usual</u> 9. Legitimate? <u>Yes</u> |

- |   |  |
|---|--|
| FATHER OF CHILD<br>10. FULL NAME <u>Ferdinand Alera</u><br>11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs.<br>13. Birthplace <u>Mohfelden, Birkenfeld, Germany</u><br>(City or town) (State or foreign country)<br>14. Exact Occupation <u>Mining Engineer</u><br>15. Industry or Business <u>Independent</u> | MOTHER OF CHILD<br>16. FULL MAIDEN NAME <u>Hattie Cole</u><br>17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs.<br>19. Birthplace <u>Baker City Oregon, U.S.A.</u><br>(City or town) (State or foreign country)<br>20. Exact Occupation <u>Housewife</u><br>21. Industry or Business _____ |
|---|--|

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Dec. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature) and address \_\_\_\_\_ Date \_\_\_\_\_

State of California } ss.  
County of Orange

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ferdinand C. Alera, being first duly sworn, say that I am Related to Perry Albert Alera as a brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth) who attended said birth Cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26th day of November, 1940

(SEAL)

Notary Public, residing at San Juan Capistrano, Calif.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-228 001 236

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303078  
Local Reg. No.  
Reg. Dist. No.

DEC 3 1940

## 1. PLACE OF BIRTH:

(a) County Ada (b) City Near Star  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
Own home  
(e) Mother's stay BEFORE delivery: None  
In Hosp. or Mat. Home days  
In THIS county years months days

## 2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Ada  
(c) City Star  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 13 yrs.  
(f) Mother's mailing address Star, Idaho3. RESIDENCE OF FATHER (city, state) Deceased4. FULL NAME OF CHILD Delia Ethel Thompson Price5. Date of Birth (Month, day, year) Oct. 28, 18976. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd8. No. months of Pregnancy 9 9. Legitimate?

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME James Henderson Thompson  
11. Color White 12. Age at time of THIS birth 44 yrs.  
13. Birthplace Carol Co. Mo.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business16. FULL MAIDEN NAME Helen Maria Stockton  
17. Color White 18. Age at time of THIS birth 40 years  
19. Birthplace McCoubin Co. Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4  
(c) Born alive and now dead 2 (d) Stillborn24. I HEREBY CERTIFY That I attended the birth of this child, who was None at None M. on the date Dec 3, 1940 and at the place stated above, and that personal particulars were furnished by Mac G. Sturrod who is related to this child as (Mother) (First name) (Last name)26. (a) Dec 3, 1940 (b) Mac G. Sturrod 25. Attendant's OWN signature Dr. Hall (D.O., Midw.)  
(Date received) (Registrar's signature) and address Meridian, Id. Date 17  
27. Given name added on Bureau of Vital Statistics by Mac G. Sturrod (Registrar's signature)State of Idaho } ss.County of Washington }I, Helen Maria Thompson being first duly sworn, say that I am related to Delia Ethel Thompson Price as mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hall (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Helen Thompson Name

P. O. Address

Subscribed and sworn to before me on this 26th day of November

(SEAL)

Fern Hansen Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-110 022 469  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

303135  
State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH:</b> (a) County <u>Fremont</u> (b) City <u>Lyman</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.	<b>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</b> (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Lyman</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>19</u> yrs. (f) Mother's mailing address _____
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<b>4. FULL NAME OF CHILD</b> <u>Wando Elmer Atkinson</u> <b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>5. Date of Birth</b> (Month, day, year) <u>Sept. 10, 1897</u> <b>8. No. months of Pregnancy</b> _____ <b>9. Legitimate?</b> <u>Yes</u>
--	---

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Elmer Atkinson</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>25</u> yrs. <b>13. Birthplace</b> <u>Bountiful</u> <u>Utah</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farming</u> <b>15. Industry or Business</b> _____	<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Marintha Althara Morris</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>Logan</u> <u>Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____
---	---

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** \_\_\_\_\_  
**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1  
 (c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born alive at 6:00 AM. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

<b>26. (a) December 23, 1940</b> (Date received) <b>(b) Mae G. Atwood</b> (Registrar's signature)	<b>25. Attendant's OWN signature</b> _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
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**27. Given name added on \_\_\_\_\_ by \_\_\_\_\_**  
**Bureau of Vital Registration**  
 State of Idaho } ss.  
 County of Ada

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Elmer Atkinson, being first duly sworn, say that I am related to Wando Elmer Atkinson as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wylie (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

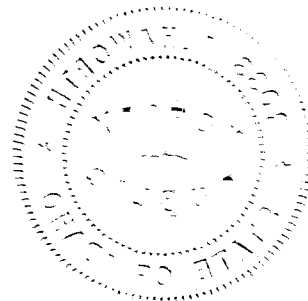
Subscribed and sworn to before me on this 23rd day of December, 1940  
 (SEAL) Ross A. Haworth Notary Public, residing at Boise, Idaho  
William Elmer Atkinson Signature  
Boise, Idaho P. O. Address



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168 701-036 381  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **303204**  
Local Reg. No. ....  
Reg. Dist. No. ....

- 1. PLACE OF BIRTH:** **DEC 16 1940**  
(a) County Power (b) City .....  
(c) Street Address or R.F.D. No. Rockland  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery: Home  
In Hosp. or Mat. Home ..... days.  
In **THIS** county ..... years ..... months ..... days.
- 2. USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State ..... (b) County .....  
(c) City .....  
(d) Street Address or R.F.D. No. .....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.  
(f) Mother's mailing address .....
- 3. RESIDENCE OF FATHER** (city, state) .....

- 4. FULL NAME OF CHILD:** Eldon Charlesworth Johnson
- 5. Date of Birth** (Month, day, year) June, 1, 1897
- 6. Sex:** Male **7. Twin or** X **If so—born** X **8. No. months** 9  
Triplet 1st, 2nd, 3rd **of Pregnancy** **9. Legitimate?** Yes

## FATHER OF CHILD

## MOTHER OF CHILD

- 10. FULL NAME:** Enos Mandias Johnson  
**11. Color or Race:** White **12. Age at time of THIS birth:** 37 yrs.  
**13. Birthplace:** Kapervik Norway  
(City or town) (State or foreign country)  
**14. Exact Occupation:** Rancher  
**15. Industry or Business:** .....
- 16. FULL MAIDEN NAME:** Maey Ann Charlesworth  
**17. Color or Race:** White **18. Age at time of THIS birth:** 23 years  
**19. Birthplace:** Kanosh Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation:** Housewife  
**21. Industry or Business:** .....

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 4  
(c) Born alive and now dead none (d) Stillborn none

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (First name) (Last name)

- (Mother's signature) Maey K. Atwood  
**26. (a) 12/26/40** (b) Maey G. Atwood  
(Date received) (Registrar's signature)  
**27. Given name added on** Bureau of Vital Statistics by ..... and address ..... Date .....  
(Registrar's signature)

State of Idaho } ss.  
County of Bonneville

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

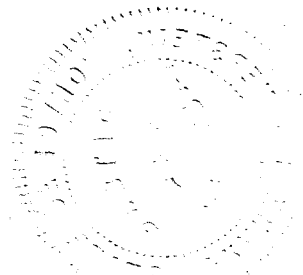
I, X Francis E. Abter, being first duly sworn, say that I am related (Related to (or) acquainted with) ..... as Aunt (State relationship or acquaintance) ....., whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dock Lish (Name of attendant at birth) deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 13th day of December 1940 Idaho  
(SEAL) Frank B. Soterstein Notary Public, residing at Idaho Falls  
My commission Expires March 4th 1941

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **304263**

# CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH: (a) County Idaho (b) City Harpster  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 0 years 11 month 28 days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Harpster  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 1 yrs.  
(f) Mother's mailing address. Harpster
3. RESIDENCE of FATHER (city, state) Harpster, Idaho

4. FULL NAME OF CHILD Frank Clifton Elliott
5. Date of Birth (Month, day, year) October 7, 1897
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? Yes

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME Frank C. Elliott
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Stationary steam engineer
15. Industry or Business Logging
16. FULL MAIDEN NAME Mena Madera Hafer
17. Color or Race White 18. Age at time of THIS birth 14 yrs.
19. Birthplace Twanda Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Dec. 20, 1940 (b) Mae G. Atwood  
(Date received) (Registrar's signature)
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington } ss.  
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mena Madera Huefner, being first duly sworn, say that I am related to Frank Clifton Elliott as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Magdalena Hafer (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mena M Huefner Signature  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 18 day of Dec, 1940  
(SEAL) Cornel Notary Public, residing at Spokane

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 30, 1940. E.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-218 040-236

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **304359**  
Local Reg. No. **162**  
Reg. Dist. No. **140**

<b>1. PLACE OF BIRTH:</b> (a) County <u>Shoshone</u> (b) City <u>Wallace</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: <u>3</u> days. In Hosp. or Mat. Home. _____ days. In THIS county <u>3</u> years month _____ days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Wallace</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>3</u> yrs. (f) Mother's mailing address <u>Wallace Idaho</u>	
<b>3. RESIDENCE of FATHER</b> (city, state): <u>Idaho</u>		<b>5. Date of Birth</b> (Month, day, year) <u>June 18-1898</u>	
<b>4. FULL NAME OF CHILD</b> <u>Gladys Fenton Black</u>		<b>6. No. months of Pregnancy</b> _____	
<b>6. Sex</b> _____ Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		<b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>7. FULL NAME</b> <u>Henry Mills Black</u> <b>8. Color or Race</b> <u>W.</u> <b>12. Age at time of THIS birth</b> <u>40</u> yrs. <b>13. Birthplace</b> <u>Virginia</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Miner</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Clara Violet Stockbridge</u> <b>17. Color or Race</b> <u>W.</u> <b>18. Age at time of THIS birth</b> <u>32</u> yrs. <b>19. Birthplace</b> <u>Penn.</u> <u>Ill.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>ALIVE</u> at <u>3 A.</u> M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>Mellie Stockbridge</u> who is related to this child as <u>Child</u> (First name) (Last name)			
<b>26. (a)</b> <u>Dec 17-1940</u> (Date received) <b>(b)</b> <u>John A. Brown</u> (Registrar's signature)		<b>25. Attendant's OWN signature</b> <u>Dr. Fenway</u> M.D. (D.O., Midwife, etc.) and address _____ Date _____	
<b>27. Given name added on</b> _____ <b>by</b> _____ (Registrar's signature)			
State of <u>Idaho</u> County of <u>Shoshone</u> ss. _____		<b>AFFIDAVIT</b> To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.	
<u>Mellie Stockbridge</u> , being first duly sworn, say that I am <u>Related</u> (Related to (or) acquainted with) _____ <u>Gladys Fenton Black</u> as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that <u>Dr. Fenway</u> (Name of attendant at birth) _____, who attended said birth <u>deceased</u> (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.		<u>Mellie Stockbridge</u> Signature <u>Wallace, Idaho</u> P. O. Address	
Subscribed and sworn to before me on this <u>16</u> day of <u>December</u> , 19 <u>40</u> <u>Elizabeth E. Mass</u> Notary Public, residing at <u>Wallace Ida.</u>			

(SEAL)

AUG 14 1937

C. C. S. 6/30/41.70

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331106 030 693

RECEIVED

(Be sure the information is as of date of birth of THIS child)

United States  
Department of Commerce  
Bureau of the Census

JAN 16 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304404

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:  
(a) County Lemhi (b) City Salmon  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Lemhi  
(c) City Salmon  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
(f) Mother's mailing address  
3. RESIDENCE of FATHER (city, state): Salmon, Idaho

4. FULL NAME OF CHILD Gilbert Clark  
6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

5. Date of Birth (Month, day, year) Feb. 6 1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Gustis Laurence Clark  
11. Color or Race white 12. Age at time of THIS birth 44 yrs.  
13. Birthplace Florida, Ohio, Kentucky (City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Catherine M. Wilcken  
17. Color or Race white 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4  
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Jan. 16, 1941 (Date received) (b) Clyde A. Bridget (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eliza Wilcken Henshaw, being first duly sworn, say that I am related to Gilbert Clark as Aunt (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Webb, midwife, who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eliza Wilcken Henshaw Signature  
1715 N. 16th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of January, 1941

(SEAL)

Notary Public, residing at \_\_\_\_\_  
Probate Judge Ada County, Idaho.



JUL 2 1976

1/16/41 L. B.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-208 007-386

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304474**  
Local Reg. No. **147**  
Reg. Dist. No. **410**

**JAN 2 1941**

Blaine

1. **PLACE OF BIRTH:**  
(a) County **Argus** (b) City **Hailey**  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
In **THIS** country. .... years. .... months. .... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State **Idaho** (b) County **Blaine**  
(c) City **Hailey**  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? **Life** yrs.  
(f) Mother's mailing address. **Hailey, Idaho**  
3. **RESIDENCE OF FATHER** (city, state) **Hailey, Ida.**

4. **FULL NAME OF CHILD** **Clara Beamer**

5. Date of Birth **1-8-1897**  
(Month, day, year)

6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? **yes**

## FATHER OF CHILD

## MOTHER OF CHILD

10. **FULL NAME** **Hobart Carmen Beamer**  
11. Color **White** 12. Age at time of THIS birth **21** yrs.  
13. Birthplace **Princeton, Ontario, Canada**  
(City or town) (State or foreign country)  
14. Exact Occupation **Merchant**  
15. Industry or Business **Lumber, Grocery**

16. **FULL MAIDEN NAME** **Annie Mabel Thomas**  
17. Color or Race **white** 18. Age at time of THIS birth **19** years  
19. Birthplace **Silver City, Idaho**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business **Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Argyrol 2%**  
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**  
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born alive** at **5 A.** M. on the date and at the place stated above, and that personal particulars were furnished by **Born alive**, who is related to this child as **(Mother, etc.)** (First name) (Last name)

26. (a) **12-31-1940** (Date received) (b) **Robert H. Wright** (Registrar's signature)  
25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)  
27. Given name added on by **(Registrar's signature)** and address Date

State of **Idaho**  
County of **Blaine** ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **M. Jennie Jacob**, being first duly sworn, say that I am **Related to** (Related to (or) acquainted with)  
**Clara Beamer** as **Aunt**, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **the midwife**, who attended said birth, **is now deceased** (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this **20th** day of **August** **1940**

(SEAL)

**D. W. [Signature]** Notary Public, residing at **Hailey**

Certified copy issued 1-8-1941. D.P.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 8 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

55112-001-813

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1940

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **304506**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:**  
(a) County. Ada (b) City. Boise  
(c) Street Address or R.F.D. No. 1514 Franklin  
(d) Name of Hospital or Maternity Home: ..  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. ✓ days.  
In **THIS** county. 20 years. .... months. .... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State. Idaho (b) County. Ada  
(c) City. Boise  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 68 yrs.  
(f) Mother's mailing address. deceased
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Wallace Edwin Neal
5. Date of Birth (Month, day, year) May 12 1897
6. Sex. Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Horace Edwin Neal  
11. Color white 12. Age at time of THIS birth. 36 yrs.  
13. Birthplace. Van Buren, Calif. (City or town) (State or foreign country)  
14. Exact Occupation Banker  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Walker  
17. Color or Race white 18. Age at time of THIS birth. 30-3 years  
19. Birthplace. Idaho City Idaho (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child. 0 (b) Born alive and now living. ....  
(c) Born alive and now dead. .... (d) Stillborn. ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(born alive, stillborn) (First name) (Last name)

26. (a) Dec. 26, 1940 (b) Mary G. Atwood 25. Attendant's  
(Date received) (Signature) (Signature)  
27. Given name added on ..... by ..... and address .....  
(Registrar's signature) (Name, Midwife, Date)

State of Oregon, ..... } ss.  
County of Multnomah, .....

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Della W. Tourtellotte, being first duly sworn, say that I am an aunt as of Wallace Edwin Neal, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ustick, who attended said birth deceased, and that this birth has not been previously recorded.  
(Name of person on certificate above) (State relationship or acquaintance) (Name of attendant at birth)  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 28 day of December 1940.  
(SEAL) Leroy Lomax Notary Public, residing at Portland, Oregon  
My Commission expires 9-17-1941.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF OREGON

County of Multnomah

ss

I, Della W. Tourtelotte, being first duly sworn on oath, depose and say: That I am a resident and inhabitant of Portland, Multnomah County, State of Oregon, and that my post office address is St. Andrews Hotel in said city. That I am 70 years of age and am the sister of Mary W. Neal, deceased, who prior to, on and after May 12, 1897, was the wife of Horace E. Neal. That on the 12th day of May, 1897, the said Horace E. Neal and Mary W. Neal resided at 1514 Franklin Street in Boise, State of Idaho. That on said date there was born to the said Horace E. Neal and Mary W. Neal their son, my nephew W. E. Neal, sometimes known as Wallace Edwin Neal. That the said W. E. Neal is now a resident and inhabitant of Minneapolis, Minnesota, and that his business address in said city is ~~now 1822 Jefferson Street, N. E.~~ That at the time of the birth of the said W. E. Neal I was a resident of Boise, Idaho and was personally present <sup>in Boise</sup> at the time the said W. E. Neal was born, and have personal knowledge of all facts herein stated.

Executed in duplicate this 17th day of September, 1940.

Della W. Tourtelotte

Subscribed and sworn to before me this 17 day of  
September, 1940.

H. J. Mann  
Notary Public for Oregon

My commission expires Jan 11, 1943



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-710 014 863

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304509

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF BIRTH:

- (a) County Canyon (b) City Emmett  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

## 2. USUAL RESIDENCE of MOTHER: (At time of this birth)

- (a) State Idaho (b) County Canyon  
(c) City Emmett  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 5 yrs.  
(f) Mother's mailing address

## 3. RESIDENCE of FATHER (city, state).

## 4. FULL NAME OF CHILD Edna Houston Lively

5. Date of Birth (Month, day, year) Jan. 10 1897

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME John Thomas Lively  
11. Color or Race white 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Lambert, Mo.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

16. FULL MAIDEN NAME Evelyn Ethel Holman  
17. Color or Race white 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Kenia, Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4  
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Jan. 2, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)  
Bureau of Vital Statistics  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Oregon County of Malheur ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Thomas Lively, being first duly sworn, say that I am related (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Perkins (Name of attendant at birth) said birth \_\_\_\_\_ and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26th day of December, 19 40

(SEAL)

NOTARY PUBLIC FOR OREGON

Notary Public, residing at Portland, Ore.

MY COMMISSION EXPIRES MAY 5, 1943



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 717 028 653

304521

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH:</b> (a) County <u>Kootenai</u> (b) City <u>Bonnors Ferry,</u> (c) Street Address or R.F.D. No. <u>General Delivery.</u> (d) Name of Hospital or Maternity Home: <u>Born at Home.</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		<b>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</b> (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Bonnors Ferry,</u> (d) Street Address or R.F.D. No. <u>General Delivery</u> (e) How long has MOTHER lived in Idaho? <u>8</u> yrs. (f) Mother's mailing address <u>Bonnors Ferry, Ida.</u>	
<b>4. FULL NAME OF CHILD</b> <u>Howard Andrew Kent</u>		<b>5. Date of Birth</b> <u>Jan 17, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>No</u>	<b>8. No. months of Pregnancy</b> <u>9 mo.</u>	<b>9. Legitimate?</b> <u>Yes</u>

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Andrew Jackson Kent</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>37</u> yrs. <b>13. Birthplace</b> <u>Osceola, Wisconsin</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Mining</u> <b>15. Industry or Business</b> <u>Timbering.</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Nellie Eliza Welch.</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>27</u> yrs. <b>19. Birthplace</b> <u>The Dalles, Oregon.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>None.</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>Unknown</u> <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>None</u> (d) Stillborn <u>None</u>			

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

(Mother, etc.)

**26. (a)** 1-6-41 **(b)** Maie G. Atwood  
 (Date received) (Registrar's signature)

**27. Given name added on** \_\_\_\_\_ **by** \_\_\_\_\_  
 (Registrar's signature)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_  
 (D.O., Midwife, etc.)  
**and address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Idaho  
 County of Kootenai } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Eliza Kent, being first duly sworn, say that I am Related Howard Andrew Kent as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bishop. (Name of attendant at birth) who attended said birth. Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature Nellie Eliza Kent  
Bonnors Ferry, Idaho  
 P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 3rd day of January, 1941

(SEAL)

Notary Public, residing at \_\_\_\_\_

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863718 035 613

United States  
Department of Commerce  
Bureau of the Census

JAN 7 1941

Ensure the information is as of date of birth of THIS child)

State File No.

304548

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF BIRTH:

(a) County Clearwater (b) City Leakean  
(c) Street Address or R.F.D. No. at home  
(d) Name of Hospital or Maternity Home:

Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.

In THIS county 4 years \_\_\_\_\_ month \_\_\_\_\_ days.

## 4. FULL NAME OF CHILD

Ellis Olland Holladay

5. Date of Birth Nov-18-1897  
(Month, day, year)

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

## FATHER OF CHILD

## MOTHER OF CHILD

## 10. FULL NAME

George M. Holladay

## 16. FULL MAIDEN NAME

Beulah Halston

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

13. Birthplace

Illinois  
(City or town) (State or foreign country)

19. Birthplace

Carrollton, Missouri  
(City or town) (State or foreign country)

14. Exact Occupation

Farming

20. Exact Occupation

Housewife

15. Industry or Business

Self

21. Industry or Business

Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Name of material not remembered

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living. (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ A. M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Beulah Holladay Lee, who is related to this child as mother.  
(First name) (Last name)

26. (a) January 6, 1941 (b) Patricia Burke  
(Date received) (Registrar's signature)

25. Attendant's Beulah Holladay Lee  
OWN signature (D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

and address Del Cards Apts Spokane, Wash Date 1-3-41

State of Washington  
County of Spokane ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Beulah Holladay Lee, being first duly sworn, say that I am related Ellis Olland Holladay as mother.  
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fugate, who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Beulah Holladay Lee Signature

Del Cards Apts Spokane, Wash P. O. Address

Subscribed and sworn to before me on this 3d day of Jan 1941

(SEAL)

Minny McPherson Notary Public, residing at Spokane, Wash.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH

BOISE

January 20, 1942

Winnifred McPherson  
Deputy Registrar  
Board of Health  
Spokane, Washington

304548

Dear Miss McPherson:

We have received your letter relative to the date of notarizing the birth certificate for Ellis Olland Holladay. Inasmuch as the mother wrote January 3, 1941 after her signature on the certificate, that was no doubt the date she was in your office.

We now make photostatic copies of birth records and this date will appear on the certified copy. With your permission, we will change the date of your signature to January 3, 1941.

We will require another fifty cent fee for a new copy of the record.

Please return this letter with the fee.

Very truly yours

DEPARTMENT OF PUBLIC HEALTH

*Mabel F. Elder*

Mabel F. Elder, Director  
Bureau of Vital Statistics

MFE:HEC

P.S. Stamps and personal checks are not acceptable.

*1111* This will be satisfactory with me and  
I enclose fifty cents for another copy.  
Thank you very much for your help in this  
matter.

*W. McPherson*

Deputy Registrar



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793107029-257

RECEIVED

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
JAN 8 1941  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

304570

State File No. ....  
Local Reg. No. 1292  
Reg. Dist. No. 201

**1. PLACE OF BIRTH:**

(a) County Latah (b) City Vallejo, (Calif)  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
In **THIS** county. .... years. .... months. .... days.

**2. USUAL RESIDENCE of MOTHER:** (Always fill in these)

(a) State Idaho (b) County Latah  
(c) City Vallejo, (Calif)  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 6 yrs.  
(f) Mother's mailing address. Vallejo  
**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD**

Herbert Henry Silbertson

**5. Date of Birth**

(Month, day, year) March 7, 1897

6. Sex Male

7. Twin or  
Triplet no

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

10. **FULL NAME** Herbert H. Silbertson  
11. Color or Race White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Nummehol, Norway  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business Farming

16. **FULL MAIDEN NAME** Marit H. Kvaas Silbertson  
17. Color or Race White 18. Age at time of THIS birth 32 years  
19. Birthplace Nummehol, Norway  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.  
(c) Born alive and now dead 0. (d) Stillborn 0.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Christie, who is related to this child as aunt.  
(First name) (Last name)

26. (a) 1-7-41 (Date received)  
(b) [Signature] (Registrar's signature)

25. Attendant's Deced M.D. or Deced (D.O., Midwife, etc.)  
**OWN signature** and address Date

27. Given name added on Idaho by [Signature] (Registrar's signature)

State of Idaho ss.

County of Latah

I, Bertha Christie, being first duly sworn, say that I am related to (Related to (or) acquainted with)  
Herbert Henry Silbertson as aunt, whose birth certificate

(Name of person of certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 39, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sullivan, who attended

said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 6 day of Jan - 1941

(SEAL)

[Signature] Notary Public, residing at Troy, Ida



AUG 2 1955

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 13, 1941. E.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure that information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304576**  
Local Reg. No. **1**  
Reg. Dist. No. **121**

1. PLACE OF BIRTH:  
(a) County **Kootenai** (b) City **Medimont**  
(c) Street Address or R.F.D. No. **None (in country)**  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. days **not in hospital**  
In THIS county. years. months. days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)  
(a) State **Idaho** (b) County **Kootenai**  
(c) City **Lived in country**  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? **20** yrs.  
(f) Mother's mailing address.
3. RESIDENCE OF FATHER (city, state) **Medimont, Idaho**

4. FULL NAME OF CHILD **LAWRENCE ELMER MOE**
5. Date of Birth (Month, day, year) **December 8, 1897**
6. Sex **Male**
7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9**
9. Legitimate? **Yes**

- | FATHER OF CHILD   |   | MOTHER OF CHILD                              |   |
|---|---|--|---|
| 10. FULL NAME <b>Simon Cornelius Moe</b>  | 16. FULL MAIDEN NAME <b>Lulu Short Moe</b>  |  |   |
| 11. Color or Race <b>White</b>  | 17. Color or Race <b>White</b>  | 12. Age at time of THIS birth <b>23</b> yrs. | 18. Age at time of THIS birth <b>16</b> years |
| 13. Birthplace <b>Near Galesville, Trempealeau</b><br>(City or town) (State or foreign country) | 19. Birthplace <b>Marengo, Columbia County</b><br>(City or town) (State or foreign country) | 14. Exact Occupation <b>Farmer</b>           | 20. Exact Occupation <b>housewife</b>         |
| 15. Industry or Business <b>Farming</b>   | 21. Industry or Business <b>same</b>  |  |   |

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**  
(c) Born alive and now dead **None** (d) Stillborn **None**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (Mother, etc.) The mid-wife who attended Mrs. Moe at time

26. (a) **1-4-1941** (Date received) (b) **[Signature]** of this birth is now dead (First name) (Last name)  
(c) **None** (d) **None** (e) **None** (f) **None**
25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
27. Given name added on.....by.....(Registrar's signature) and address.....Date.....

State of **WASHINGTON**  
County of **SKAGIT** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **simon c. moe**, being first duly sworn, say that I am **related to**  
**LAWRENCE ELMER MOE** as **his father** (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that **Mrs. Hughes**, who attended  
said birth **is now deceased** and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

**Simon C. Moe** Name  
**40th St. & "D" Ave., Anacortes, Wash.** P.O. Address  
**January, 1941.**

Subscribed and sworn to before me on this.....day of.....  
(SEAL) **[Signature]** Notary Public, residing at **Anacortes, Wash.**

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/16/41  
11/1/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

599 110 006-299

United States  
Department of Commerce  
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **304594**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:**  
(a) County... **Singham** (b) City... **Blackfoot**  
(c) Street Address or R.F.D. No. .... **2 miles west**  
(d) Name of Hospital or Maternity Home: **none**  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home.....days.  
In **THIS** county **12** years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State... **California** (b) County... **Fresno**  
(c) City... **Fresno**  
(d) Street Address or R.F.D. No. **Rt. 6 Box 540**  
(e) How long has **MOTHER** lived in Idaho? **12** yrs.  
(f) Mother's mailing address **Rt. 6 Box 540 Fresno**
3. **RESIDENCE OF FATHER** (city, state) **Deceased**

4. **FULL NAME OF CHILD** **Rudy Madison Glen Ericson**
5. Date of Birth (Month, day, year) **Jan. 10, 1897**
6. Sex. **Male**
7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9**
9. Legitimate? **yes**

- FATHER OF CHILD**
10. **FULL NAME** **Isaac Ericson**
11. Color or Race **White** 12. Age at time of THIS birth **unknown** yrs.
13. Birthplace **Illinois**  
(City or town) (State or foreign country)
14. Exact Occupation **Farming and dairying**
15. Industry or Business **Farming**
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Zada Belle Briscoe**
17. Color or Race **white** 18. Age at time of THIS birth **37** years
19. Birthplace **Missouri**  
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**  
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

26. (a) **Jan. 9, 1941** (b) **Clyde A. Bridger**  
(Date received) (Acting Registrar's signature)
25. Attendant's **OWN** signature.....M.D. or.....  
(D.O., Midwife, etc.)  
and address.....Date.....
27. Given name added on.....by.....  
(Registrar's signature)

State of... **California** }  
County of... **Fresno** } ss.

**AFFIDAVIT** To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, **ZADA B. ERICSON**....., being first duly sworn, say that I am.....related to  
(Related to (or) acquainted with)  
**Rudy Madison Glen Ericson** as.....mother....., whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that.....(name unknown)....., who attended  
said birth.....cannot be located.....and that this birth has not been previously recorded.  
(Name of attendant at birth)  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **3rd** day of **January, 1941**  
(SEAL) **Cluster R Andrews**.....Notary Public, residing at.....**Fresno, California**

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367 211 002-219 RECEIVED

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 7 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304706**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:**  
(a) County... Adams (b) City... Indian Valley  
(c) Street Address or R.F.D. No. .... none  
(d) Name of Hospital or Maternity Home: .....  
..... none  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. none days.  
In **THIS** county... 10 years... 9 months... 18 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State... Washington (b) County... Walla Walla  
(c) City... Walla Walla  
(d) Street Address or R.F.D. No. .... 2  
(e) How long has **MOTHER** lived in Idaho? ... 44 yrs.  
(f) Mother's mailing address... Walla Walla, Wash
3. **RESIDENCE OF FATHER** (city, state) ... same

4. **FULL NAME OF CHILD**... Mabel Katherine Logan
5. Date of Birth  
(Month, day, year) ... 5/11/27
6. Sex. Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME**... Samuel Thomas Logan
11. Color or Race... White 12. Age at time of THIS birth... 35 yrs.
13. Birthplace... Bellevue Nebraska  
(City or town) (State or foreign country)
14. Exact Occupation... Common laborer
15. Industry or Business .....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**... Isabel Baird
17. Color or Race... White 18. Age at time of THIS birth... 27 years
19. Birthplace... Jackson Co. Oregon  
(City or town) (State or foreign country)
20. Exact Occupation... Housewife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum ... none
23. Number of children of this mother: (a) At time of birth and including this child... 6 (b) Born alive and now living... 9  
(c) Born alive and now dead... 2 (d) Stillborn... none

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

26. (a) Jan. 7, 1941 (Date received) (b) Max G. Atwood (Registrar's signature)
27. Given name added on..... by.....  
(Registrar's signature)
25. Attendant's  
**OWN signature**..... M.D. or.....  
(D.O., Midwife, etc.)  
and address..... Date.....

State of... Washington } ss.  
County of... Walla Walla }

**AFFIDAVIT** To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, Isabel Logan, being first duly sworn, say that I am..... mother  
(Related to (or) acquainted with)  
Mary Katherine Logan daughter....., whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that... Lavina Price....., who attended  
said birth... is now deceased..... and that this birth has not been previously recorded.  
(Name of attendant at birth)  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this... 6th... day of... January, 1941...

(SEAL)

Isabel Logan Name  
Ste #2 Walla Walla, Wash. P. O. Address  
John C. Humphreys Notary Public, residing at Walla Walla, Wash

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A855 722 001-366

RECEIVED

204780

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

304780

1. PLACE OF BIRTH  
County of Ada  
City of Boise  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Orin Marvin Henry Orin Marvin

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? X 8. Date of birth Mar 22 1897  
(Month, Day, Year)

9. Full name Charles Hiram Henry FATHER 18. Full maiden name Ora Lee Lowe MOTHER

10. Residence (usual place of abode) Boise 19. Residence (usual place of abode) Boise  
(If non-resident, give place and State) Idaho (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 25 (years) 20. Color or race White 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Lincoln 22. Birthplace (city or place) Champaign  
(State or Country) Lincoln Co Nebraska (State or Country) Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Jan 20 - 1939

16. Date (month and year) last engaged in this work Jan 20, 1939 17. Total time (years) spent in this work 40 25. Date (month and year) last engaged in this work Jan 20, 1939 26. Total time (years) spent in this work 55

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 1 (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead unt (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks 30. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 a m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) Chas. H. Henry father M. D.

or \_\_\_\_\_ Midwife

Address Hampe Idaho R. 3

Filed JAN 24 1941, 1939 Clyde A. Bridger

Acting Registrar.



1/24/41, 19x L. B.

STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Lanyon } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
C. H. Henry being first duly sworn says that  
is the father of Orin Marvin Henry  
(Relationship of child)\*  
born March 22 - 1897 at Boise, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
cate of birth of the said Orin Marvin Henry,  
hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Springer M. D. was the  
medical attendant at the birth of said Orin Marvin Henry Midwife and that  
the said medical attendant is \_\_\_\_\_

(Now deceased (or) cannot be located)

Name of Affiant Chas H Henry

P. O. Address Hampden Idaho R. 3

Subscribed and sworn to before me this 22nd day of January, 1937

Wend Henry  
Notary Public.  
Residing at Hampden, Idaho.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

\_\_\_\_\_

\_\_\_\_\_

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **305911**  
Local Reg. No. **3**  
Reg. Dist. No. **208**

## 1. PLACE OF BIRTH:

(a) County Palat (b) City Freeze  
(c) Street Address or R.F.D. No. Rural  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In **THIS** county 5 years \_\_\_\_\_ months \_\_\_\_\_ days.

## 2. USUAL RESIDENCE OF MOTHER: (Always fill in these)

(a) State Idaho (b) County Palat  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address (For registration notice):  
\_\_\_\_\_  
(Street or R. F. D.) (Postoffice)

## 4. FULL NAME OF CHILD

Ella Susanna Boller

## 5. Date of Birth

(Month, day, year) \_\_\_\_\_

## 6. Sex

Female

## 7. Twin or Triplet

If so—born  
1st, 2nd, 3rd

## 8. No. months of Pregnancy

9mo

## 9. Legitimate?

yes

## FATHER OF CHILD

## 10. FULL NAME

John Fredrick Boller

## 11. Color or Race

White

## 12. Age at time of THIS birth

50 yrs.

## 13. Birthplace

Kandergrund Switzerland  
(City or Town) (State or foreign country)

## 14. Exact Occupation

Farmer

## 15. Industry or Business

Own Farm

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

Susanna Witzgen

## 17. Color or Race

White

## 18. Age at time of THIS birth

41 yrs.

## 19. Birthplace

Kandergrund Switzerland  
(City or Town) (State or foreign country)

## 20. Exact Occupation

House Wife

## 21. Industry or Business

Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 11  
(c) Born alive and now dead 2 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Susanna Boller, who is  
(First name) (Last name)

related to this child as Mother  
(Mother, etc.)

## 26. (a)

Jan 20 1946  
(Date received)

Mrs J C Gibson  
(Registrar's signature)

## 25. Attendant's

## OWN signature

No Attendant

M.D.

(O.O. Midwife, etc.)

Mrs Susanna Boller

and address Palat Idaho Date 1941

## 27. Given name added on

by \_\_\_\_\_

(Registrar's Signature)

**REGISTRATION OF BIRTHS**  
**LOCAL REGISTRATION OF BIRTHS**

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. \* \* \* \* \*, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

**MEDICAL REPORT**  
(Not for certified copies)

(a) Pregnancy: Complications of..... ..... .....	(d) Did baby have any:  (1) Congenital Malformation?..... Describe: .....
(b) Labor: Complications: ..... ..... ..... Induced?..... .....	(2) Birth Injury? ..... Describe: .....  (3) Was mother given a Wasserman before delivery? .....
(c) Was there an operation for delivery?..... State all operations:..... .....	(4) Signature of Physician: .....

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Salat

### AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Susanna Boller

being first duly sworn says that

she

is the

Mother

of

Ella Susanna Boller

(Relationship of child)\*

born April 9, 1897

at

Freeze

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-

cate of birth of the said Ella Susanna Boller

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

none M. D., was the Midwife

medical attendant at the birth of said

none and that

the said medical attendant is

none (Now deceased (or) cannot be located)

Name of Affiant

x

Susanna Boller  
Pottatch Idaho

P. O. Address

Subscribed and sworn to before me this

20<sup>th</sup>

day of

January  
T. H. Hanson

1941

NOTARY PUBLIC for the State of Idaho

Notary Public.

Residing at

Residing at Pottatch, Idaho

Idaho.

My Commission Expires Dec. 3, 1944

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Certified Copy issued Jan. 30, 1941. E.W.

DEPT.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER

514-122-001-336

State Board of Health, Division of Vital Statistics

# CERTIFICATE OF BIRTH

RECEIVED

State Registered No. 305991

JAN 28 1911

Local Registered No.

## 1. PLACE OF BIRTH—

County Ada

State of Oregon

Idaho

Township

or Village

City Boise Idaho

No.

St.

Ward

(If birth occurred in a hospital or institution, give its name instead of street and number)  
(If in country, give distance and direction from nearest town)

## 2. Full name of child Arthur Milton Hammer

If child is not yet named, make supplemental report, as directed

3. Sex of child male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate? yes

7. Date

22nd June 1897

(Month, day, year)

5. Number, in order of birth

Full name

### 8. FATHER

James Walter Hammer

Full maiden name

### 14. MOTHER

Alice Mathews Cloake

### 9. Residence

(Usual place of abode)

If nonresident, give place and State Boise City Idaho

### 15. Residence

(Usual place of abode)

If nonresident, give place and State Boise City Idaho

10. Color or race white

11. Age at last birthday 22 (Years)

16. Color or race white

17. Age at last birthday 18 (Years)

### 12. Birthplace (city or place)

(State or country)

Whitman county Washington

### 18. Birthplace (city or place)

(State or country)

Polk County Oregon

### 13. Occupation

Nature of industry

Teamster

### 19. Occupation

Nature of industry

House wife

### 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was at 10 A.M. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Miss Chas. Holl-

Asst. Midwife

(Physician or Midwife)

Given name added from a supplemental report

(Month, day, year)

Address

Gaston Oregon

Filed

, 19

July 28 A. Bridger

Registrar.

Registrar.





Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-2151010-331

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **305996**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County... <u>Bonneville</u> (b) City... <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>144 Eastern Ave.</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home... days. In <b>THIS</b> county... years... months... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Bonneville</u> (c) City... <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>144 Eastern Ave</u> (e) How long has <b>MOTHER</b> lived in Idaho?... <u>12</u> yrs. (f) Mother's mailing address... <u>144 Eastern Ave.</u>	
<b>4. FULL NAME OF CHILD</b> ... <u>Geraldine Holden</u>		<b>5. Date of Birth</b> (Month, day, year)... <u>10-15-1897</u>	
<b>6. Sex</b> ... <u>Female</u>	<b>7. Twin or Triplet</b> ... <u>No</u>	<b>8. No. months of Pregnancy</b> ... <u>9</u>	<b>9. Legitimate?</b> ... <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> ... <u>WILLIAM HARROLD HOLDEN</u> <b>11. Color or Race</b> ... <u>White</u> <b>12. Age at time of THIS birth</b> ... <u>29</u> yrs. <b>13. Birthplace</b> ... <u>Ottumwa Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> ... <u>Attorney</u> <b>15. Industry or Business</b> ...		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> ... <u>MARY LOUISE CLARK</u> <b>17. Color or Race</b> ... <u>White</u> <b>18. Age at time of THIS birth</b> ... <u>20</u> years <b>19. Birthplace</b> ... <u>Indiana</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> ... <u>Housewife</u> <b>21. Industry or Business</b> ...	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child... <u>1</u> (b) Born alive and now living... <u>1</u> (c) Born alive and now dead... <u>None</u> (d) Stillborn... <u>None</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was... at... M. on the date... and at the place stated above, and that personal particulars were furnished by... who is related to this child as... (Mother, etc.) (First name) (Last name)			
<b>26. (a)</b> ... (Date received) <b>(b)</b> ... <u>City &amp; A Bridge</u> (Registrar's signature)		<b>25. Attendant's OWN signature</b> ... M.D. or... (D.O., Midwife, etc.)	
<b>27. Given name added on</b> ... by... (Registrar's signature)		<b>and address</b> ... Date	

State of... California } ss.  
County of... Santa Clara

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Harrold Holden, being first duly sworn, say that I am... related to...  
Geraldine Holden as... Father (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... Dr. Pendleton who attended said birth... is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this... 7th day of... January, 1941

(SEAL)

Notary Public, residing at...

Commission Expires May 20, 1941

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

642-145-038-462

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **306027**  
Local Reg. No. ....  
Reg. Dist. No. ....

JAN 27 1941

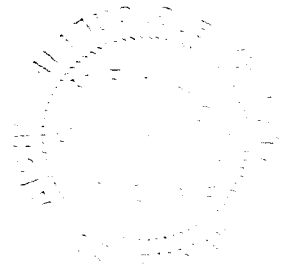
<b>1. PLACE OF BIRTH:</b> (a) County <u>Payette</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .... (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home. .... days. In <b>THIS</b> county. .... years. .... months. .... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Payette</u> (c) City <u>Payette</u> (d) Street Address of R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>5 yrs</u> (f) Mother's mailing address <u>Payette, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>JOHN A DAM-FISCHER</u>		<b>5. Date of Birth</b> <u>Oct 15 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or</b> <u>Single</u> <b>If so—born</b> <u>1st, 2nd, 3rd</u>	<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>JOSEPH FISCHER</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>35</u> yrs. <b>13. Birthplace</b> <u>Odessa - Russia</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farmer</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Theresa Dosh.</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>35</u> years <b>19. Birthplace</b> <u>Odessa - Russia</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> <u>H</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>Chloro</u> <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by <u>Elizabeth Fischer</u> , who is related to this child as <u>his aunt</u> . (Mother, etc.) (First name) (Last name)			
<b>26. (a)</b> <u>JAN 27 1941</u> <b>(b)</b> <u>Clyde A. Bridger</u> (Date received) (Registrar's signature) <b>Acting</b>		<b>25. Attendant's</b> <u>Chloro</u> <b>OWN signature</b> ..... M.D. or ..... (D.O., Midwife, etc.)	
<b>27. Given name added on</b> ..... <b>by</b> ..... (Registrar's signature)		<b>and address</b> ..... <b>Date</b> .....	

State of Michigan } ss.  
County of Washtenaw  
I, Elizabeth Fischer, being first duly sworn, say that I am related to  
John - Adam - Fischer as his aunt.  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... who attended said birth. .... and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)  
Subscribed and sworn to before me on this 27th day of January - 1941  
(SEAL) Stephen P. E. Cume Notary Public, residing at 1119 - Canfield St. Detroit - Michigan  
My commission expires on 30 - 1941

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-121-06-449

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
JAN 27 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306033  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH:  
(a) County Cassia (b) City Oakley  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
mother, private home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home days.  
In THIS county seven years 1888 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Oakley  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 217 yrs.  
(f) Mother's mailing address Oakley, Idaho

4. FULL NAME OF CHILD Hyrum Harrison Smith

5. Date of Birth (Month, day, year) Dec. 21, 1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 1/2 mo. 9. Legitimate? yes

## FATHER OF CHILD

10. FULL NAME Hyrum Smith  
11. Color or Race white 12. Age at time of THIS birth 38 yrs.  
13. Birthplace England (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Jane Purfee  
17. Color or Race white 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Missouri (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4  
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 900 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emily J. Smith (born alive stillborn) (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 27 1941 (Date received) (b) Chas. A. Bridge (Registrar's signature)  
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)  
and address Date

State of Oregon } ss.  
County of Multnomah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily J. Smith, being first duly sworn, say that I am mother related as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alby (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Emily J. Smith Signature  
Oakley, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of January 1941  
(SEALS) Meyers Notary Public, residing at Gresham, Ore.

My Commission Expires Dec 13th 1943 For Oregon

CC issued F. b. 7, 1941, Z. J.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

312-12 ✓ 006231  
FEB 3 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306141**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH:

(a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

## (e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 1 years month 6 days.

## 4. FULL NAME OF CHILD

Rolland Frederick Cash

## 6. Sex

male

## 7. Twin or Triplet

X

If so—born  
1st, 2nd, 3rd

## 8. No. months of Pregnancy

9

## 5. Date of Birth (Month, day, year)

July 24 - 1897

## FATHER OF CHILD

## 10. FULL NAME

William Frederick Cash

## 11. Color or Race

white

## 12. Age at time of THIS birth

29 yrs.

## 13. Birthplace

Solon Ohio

(City or town)

(State or foreign country)

## 14. Exact Occupation

Teacher

## 15. Industry or Business

Teacher

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

Nettie Black Cash

## 17. Color or Race

white

## 18. Age at time of THIS birth

22 yrs.

## 19. Birthplace

Yankton S.D.

(City or town)

(State or foreign country)

## 20. Exact Occupation

house wife

## 21. Industry or Business

house wife

## 22. Name prophylactic used to prevent Ophthalmia Neonatorum

## 23. Number of children of this mother: (a) At time of birth and including this child

(b) Born alive and now living

(c) Born alive and now dead

(d) Stillborn

## 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is

related to this child as \_\_\_\_\_ (First name) (Last name)

FEB 3 1941

(Mother, etc.)

## 26. (a)

(Date received)

Acting

(b) Clyde A. Bridger

(Registrar's signature)

## 25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

## 27. Given name added on

by

(Registrar's signature)

and address

Date

State of Oregon

County of Clatsop

ss.

## AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Rolland F. Cash, being first duly sworn, say that I am The mother

(Name of person on certificate above)

as

(State relationship or acquaintance)

(Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended

said birth cannot be located

(Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Subscribed and sworn to before me on this \_\_\_\_\_ day of Feb, 1941

(SEAL)

James Hoffman

Notary Public for Oregon

My commission expires March 15, 1944

Signature

P. O. Address



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-107.035-244  
RECEIVED  
United States  
Department of Commerce  
Bureau of the Census  
JAN 30 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

306216

1. PLACE OF BIRTH: (a) County <u>Nez Perce</u> (b) City <u>Lewiston, Ida.</u> (c) Street Address or R.F.D. No. <u>Melrose, Ida.</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>10</u> days. In THIS county <u>45</u> years <u>no</u> month <u>no</u> days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>N.P.</u> (c) City <u>Lewiston, Ida.</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>45</u> yrs. (f) Mother's mailing address <u>Lewiston, Ida</u>
--	---

4. FULL NAME OF CHILD <u>Walter Lee Hill</u>	5. Date of Birth (Month, day, year) <u>May 7, '97</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph Franklyn Hill</u>	16. FULL MAIDEN NAME <u>Phoebe Florence Summers</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>19</u> yrs.
11. Birthplace <u>Scio, Ore</u> (City or town) (State or foreign country)	19. Birthplace <u>Vernon Co. Mo.</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Farmer</u>	21. Exact Occupation <u>Housewife</u>
12. Color or Race <u>White</u>	22. Industry or Business _____	23. Industry or Business _____	24. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None  
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 10  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) <u>JAN 30 1941</u> (Date received) (b) <u>Divide</u> (Mother, etc.) <u>Acting</u> (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
---	--

State of Idaho } ss.  
County of Nez Perce

I, Joseph F. Hill, being first duly sworn, say that I am Father related to Walter Lee Hill father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

1211-10 ss Lewiston, Ida. Signature Joseph F. Hill  
Subscribed and sworn to before me on this 21 day of Jan., 19 41  
(SEAL) John A. Phillips Notary Public, residing at Lewiston, Ida.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

957-102-1007-318

1. PLACE OF BIRTH  
County of Blain  
City of Soldier State of Idaho  
No. \_\_\_\_\_ St. \_\_\_\_\_

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

306260

FEB 7 1941

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD DORAN OWEN DEXTER

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other <u>one</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>12-2-1897</u> , 19 <u>3</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name <u>EMERY FRANK DEXTER</u>	FATHER	18. Full maiden name <u>LAURA MAY TAYLOR</u>	MOTHER
---	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Soldier, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Soldier, Idaho</u>
---	---

11. Color or race <u>white</u>	12. Age at last birthday <u>38</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>21</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Situate, Rhode Island</u>	22. Birthplace (city or place) (State or Country) <u>Red Warrier, Idaho</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rancher</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>housewife</u>
---	---

16. Date (month and year) last engaged in this work <u>December 1897, 19</u>	17. Total time (years) spent in this work <u>five years</u>	25. Date (month and year) last engaged in this work <u>December 1897, 19</u>	26. Total time (years) spent in this work <u>four years</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
three (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { Before labor. During labor.
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:00 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

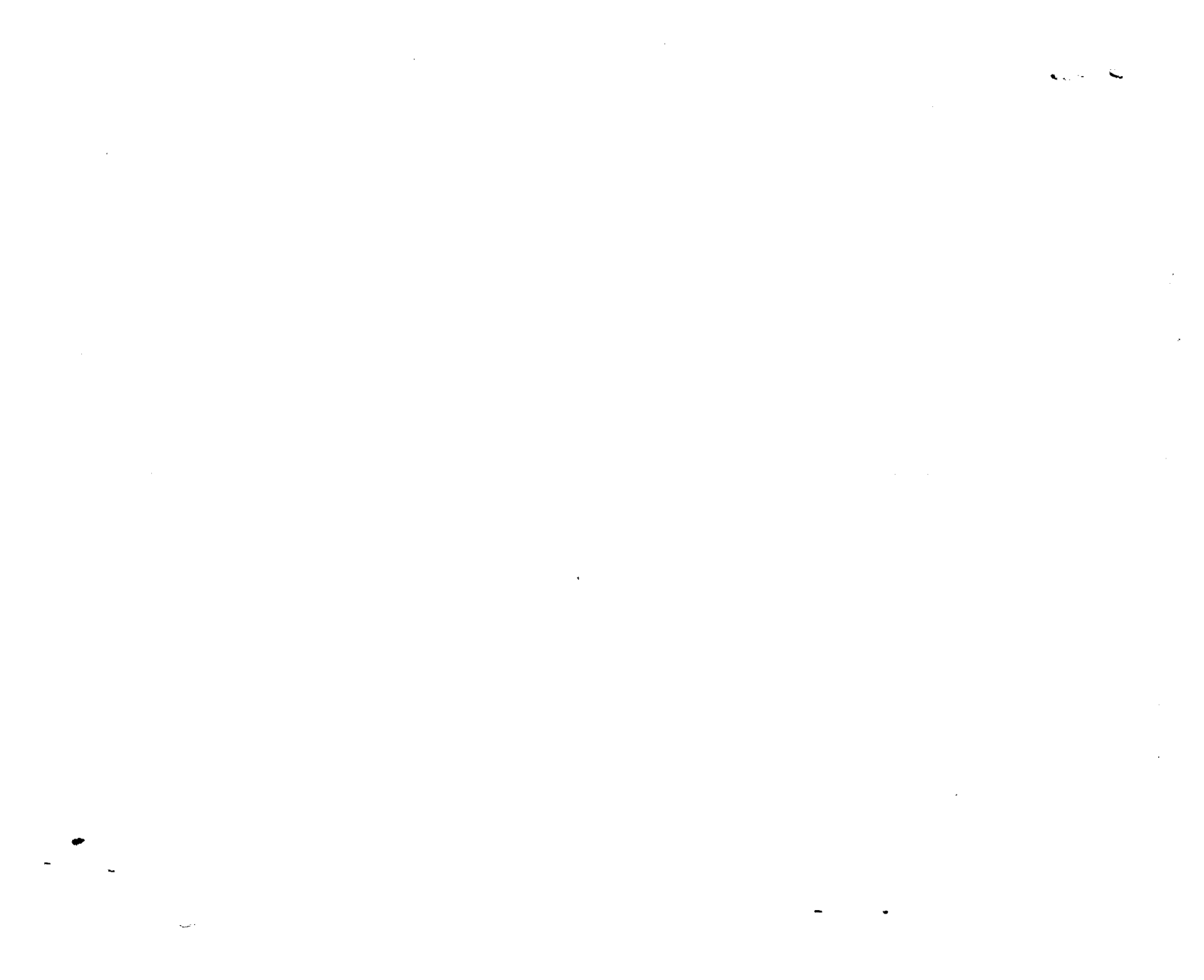
Give name added from a supplemental report 1-22-41  
(Date of)

(Born Alive or Stillborn)  
(Signed) Laura May Dexter Mother M. D.

or \_\_\_\_\_  
Address 840 Belmont Ave, Bayshore, Ica

Filed Feb 7 1941 Edythe A. Bridges Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of California }  
County of Los Angeles } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

LAURA MAY DEXTER being first duly sworn says that

she is the mother of DORAN OWEN DEXTER  
(Relationship of child)\*

born December 2, 1897 at Soldier, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said DORAN OWEN DEXTER

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Reedy was the Midwife medical attendant at the birth of said DORAN OWEN DEXTER and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Lanna Gray Dexter  
P. O. Address 840 Belmont Avenue, Bellflower, California

Subscribed and sworn to before me this 22nd day of January, 1941

Notary Public  
Residing at Bellflower, California

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

cc 2/10/41 rnf

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-110-030-218

United States  
Department of Commerce  
Bureau of the Census

REC

(Be sure the information is as of date of birth of THIS child)

FEB 7 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306271**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:**  
(a) County L.F.M.H.I. (b) City Gibbonsville  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
In **THIS** county. 3 years. 2 months. ✓ days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Montana (b) County Big Horn  
(c) City Garryowen  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ✓ yrs.  
(f) Mother's mailing address Garryowen Mont.
3. **RESIDENCE OF FATHER** (city, state) Garryowen Mont.

4. **FULL NAME OF CHILD** William Henry Layton Jr.
5. Date of Birth (Month, day, year) May-10-1897
6. Sex White 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** William Henry Layton Sr.
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace White County Texas  
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business ✓
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Flora Christina Sayers
17. Color White 18. Age at time of THIS birth 29 years
19. Birthplace Winnipeg Canada  
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ..... 3
23. Number of children of this mother: (a) At time of birth and including this child. .... (b) Born alive and now living. ....  
(c) Born alive and now dead None (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

26. (a) FEB 7 1941 (b) Helene A. Bridger  
(Date received) (Registrar's signature)
27. Given name added on ..... by .....  
(Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. or .....  
(D.O., Midwife, etc.)  
and address ..... Date .....

State of Montana ss.  
County of Big Horn

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Flora Christina Layton, being first duly sworn, say that I am .....  
William Henry Layton Jr. as Mother,  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. - - - - -, who attended said birth. cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 27 day of Feb 1941  
(SEAL) [Signature] Notary Public, residing at Garryowen, Montana  
My com. expires 6-6-42



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

FEB 17 1941

(Based on the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306339  
Local Reg. No. 1338  
Reg. Dist. No. 200

<b>1. PLACE OF BIRTH:</b> (a) County. <u>Latah</u> (b) City. <u>Moscow</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>At private home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. .... days. In THIS county. <u>3</u> years. .... months. .... days.		<b>2. USUAL RESIDENCE of MOTHER: (Always fill in these)</b> (a) State. <u>Idaho</u> (b) County. <u>Latah</u> (c) City. <u>Moscow</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? .... yrs. (f) Mother's mailing address. <u>Moscow, Idaho</u>	
<b>4. FULL NAME OF CHILD.</b> <u>Estella Grace Smith</u>		<b>5. Date of Birth</b> (Month, day, year). <u>Oct. 21, 1897</u>	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> <u>If so—born 1st, 2nd, 3rd</u>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John Wilson Smith</u>		<b>16. FULL MAIDEN NAME</b> <u>Cora Rosalia Martin</u>	
<b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>46</u> yrs.		<b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>39</u> years	
<b>13. Birthplace.</b> <u>Terra Haute, Indiana</u> (City or town) (State or foreign country)		<b>19. Birthplace.</b> <u>St. Paris, Ohio</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Farm</u>		<b>21. Industry or Business</b> <u>Own home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child. <u>7</u> (b) Born alive and now living. <u>yes</u> (c) Born alive and now dead. .... (d) Stillborn. ....			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>born</u> at <u>4</u> <u>A.M.</u> on the date <u>Feb. 14, 1941</u> and at the place stated above, and that personal particulars were furnished by <u>Mabel Draper &amp; Mary Gertrude Miley</u> (Name) (Last name) related to this child as <u>visitors</u> (Mother, etc.)			
<b>26. (a)</b> <u>2-14-41</u> (Date received) <b>(b)</b> <u>James Linhouse</u> (Registrar's signature)		<b>25. Attendant's OWN signature</b> ..... M.D. or (D.O., Midwife, etc.)	
<b>27. Given name added on</b> ..... by <u>James Linhouse</u> (Registrar's signature)		<b>and address</b> ..... Date	

State of Washington }  
County of Skagit } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Draper & Mary Gertrude Miley, being first duly sworn, say that I am we are sisters (Related to (or) acquainted with) of Estella Grace Smith as sisters (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Miley's address Sultan Wash. Anacortes, Wash. 1101-9th St. P. O. Address Mabel & Draper

Subscribed and sworn to before me on this 12th day of Feb. 1941.

(SEAL) O. A. Schreiber Notary Public, residing at Anacortes.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306400**

**FEB 13 1941**

# CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH:

(a) County Latah (b) City Kendrick

(c) Street Address or R.F.D. No. \_\_\_\_\_

(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.

In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

## 2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Latah

(c) City \_\_\_\_\_

(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.

(f) Mother's mailing address \_\_\_\_\_

## 3. RESIDENCE OF FATHER (city, state).

4. FULL NAME OF CHILD Herbert L. Wright

5. Date of Birth (Month, day, year) 12/20/1897

6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME OF FATHER OF CHILD Samuel Adam Wright

16. FULL MAIDEN NAME OF MOTHER OF CHILD Hattie Emmaline Walker

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

13. Birthplace Iowa, USA (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

19. Birthplace Illinois USA (City or town) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Exact Occupation Farmer

20. Exact Occupation House wife

15. Industry or Business Farming

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) FEB 13 1941 (Mother, etc.) \_\_\_\_\_

(Date received) (b) [Signature] (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

(D.O., Midwife, etc.) \_\_\_\_\_

\_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho

County of Lewis } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Goldie M. Ralstin, being first duly sworn, say that I am related

Herbert L. Wright as his aunt (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not known (Name of attendant at birth), who attended said birth.

Can't locate and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Goldie M Ralstin Signature

Nezperce, Idaho. P.O. Address

Subscribed and sworn to before me on this 3rd day of Feb., 19 41

(SEAL) [Signature] XXXXX XXXX residing at Nezperce, Idaho.

County Auditor Lewis County Idaho

cc 2/20/41 rnf

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

A 945-220 036-813

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306463**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH:

- (a) County Ongida (b) City Woodruff  
(c) Street Address or R.F.D. No. R.F.D. # 2  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

## 2. USUAL RESIDENCE of MOTHER: (Always fill in these)

- (a) State Idaho (b) County Ongida  
(c) City Woodruff  
(d) Street Address or R.F.D. No. R.F.D. # 2  
(e) How long has MOTHER lived in Idaho? 49 yrs.  
(f) Mother's mailing address (For registration notice):  
Malad, Idaho Box 277  
(Street or R. F. D.) (Postoffice)

## 3. RESIDENCE OF FATHER (city, state) Malad, Idaho

## 4. FULL NAME OF CHILD

Jane Hall Zundel

## 5. Date of Birth

(Month, day, year) Nov. 20, 1897

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy \_\_\_\_\_

9. Legitimate? YES

## FATHER OF CHILD

10. FULL NAME Isaac David Zundel  
11. Color or Race white 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Willard, Utah  
(City or Town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

## MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Bell Hall  
17. Color or Race white 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Crescent Iowa  
(City or Town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9  
(c) Born alive and now dead 4 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10:00 P.M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Isaac David Zundel, who is (First name) (Last name)

related to this child as Father (Mother, etc.)

26. (a) \_\_\_\_\_ (b) Clyde A. Bridger  
(Date received) (Registrar's signature)

Acting Director

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's Signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)

and address \_\_\_\_\_ Date \_\_\_\_\_

Certified copy issued 2-24-1941. dp

**REGISTRATION OF BIRTHS**  
**LOCAL REGISTRATION OF BIRTHS**

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. **CERTIFICATES OF BIRTH.** The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. \* \* \* \* \*, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

**MEDICAL REPORT**  
(Not for certified copies)

- |  |  |
|--|--|
| (a) Pregnancy: Complications of.....<br>.....<br>.....                               | (d) Did baby have any:<br><br>(1) Congenital Malformation?.....<br>Describe: .....                           |
| (b) Labor: Complications:.....<br>.....<br>..... Induced?.....<br>.....              | (2) Birth Injury? .....<br>Describe: .....<br><br>(3) Was mother given a Wasserman before delivery?<br>..... |
| (c) Was there an operation for delivery?.....<br>State all operations:.....<br>..... | (4) Signature of Physician:<br>.....   |

State of Idaho  
County of Oneida,

ss

Isaac David Zindel being first duly sworn deposes and says: that he is the father of Jane Hall Zindel and was present at the time of her birth; that the attendant at the time of her birth was Mrs. Jane Hall, a midwife, and the said Mrs. Jane Hall is deceased.

Isaac David Zindel  
Malad, Idaho

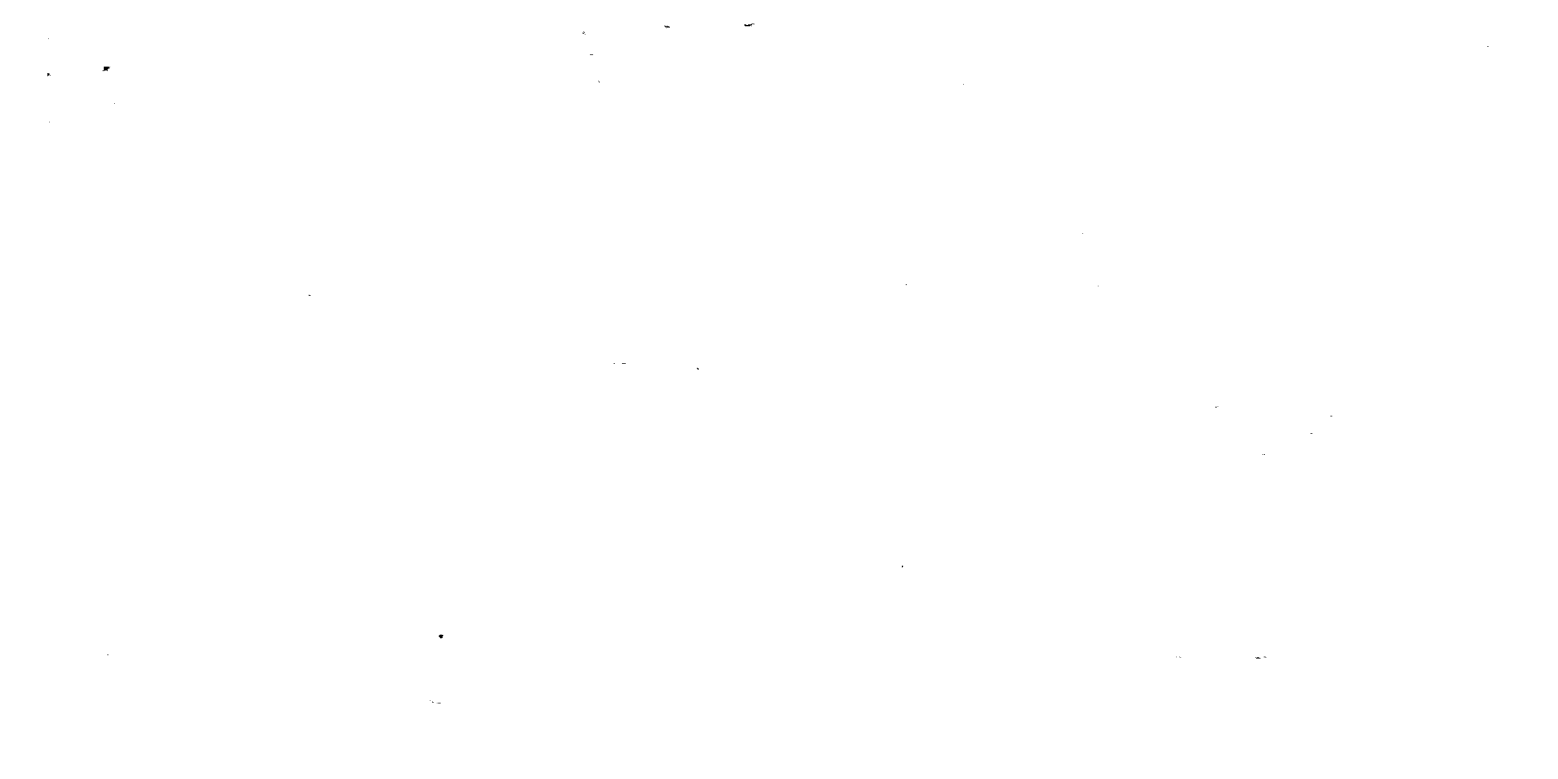
Subscribed and sworn to before me this 14th day of February,

1941.

REC'D FEB 20 '41

J. H. [Signature] Notary public  
Residing at Malad, Idaho.





814-1291-028-769

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

FEB 17 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306473**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH:</b> (a) County <u>Kootenai</u> (b) City <u>Squaw Bay</u> (c) Street Address or R.F.D. No. <u>Hope Idaho</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>8</u> years _____ month _____ days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Squaw Bay</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>8</u> yrs. (f) Mother's mailing address <u>Hope Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>David Alvin Haddon</u>		<b>3. RESIDENCE of FATHER</b> (city, state): <u>Squaw Bay</u> <b>5. Date of Birth</b> (Month, day, year) <u>Nov. 29 - 1897</u> <b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> _____ <b>If so—born</b> _____ <b>8. No. months of Pregnancy</b> <u>nine</u> <b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Elmer Ellsworth Haddon</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>31</u> yrs. <b>13. Birthplace</b> <u>Carlyle</u> <u>Indiana</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Homesteader</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth Gertrude Porter</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>29</u> yrs. <b>19. Birthplace</b> <u>Sac City</u> <u>Iowa</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** \_\_\_\_\_  
**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 6  
 (c) Born alive and now dead none (d) Stillborn none

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Elmer Haddon, who is related to this child as father (Mother, etc.) (First name) (Last name)

**26. (a) FEB 17 1941** (Date received) **(b) Edythe A. Butler** (Registrar's signature)  
**27. Given name added on \_\_\_\_\_ by \_\_\_\_\_** (Registrar's signature)  
**25. Attendant's OWN signature \_\_\_\_\_** (D.O., Midwife, etc.)  
**and address \_\_\_\_\_** **Date \_\_\_\_\_**

State of Washington County of King } ss.  
**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elmer Ellsworth Haddon, being first duly sworn, say that I am father of related to David Alvin Haddon as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded \_\_\_\_\_ (Is now deceased (or) cannot be located)

Signature x Elmer Ellsworth Haddon P.O. Address \_\_\_\_\_

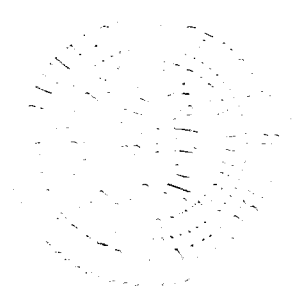
Subscribed and sworn to before me on this 6th day of Feb, 1941  
 (SEAL) Viktoria B. Forner Notary Public, residing at Seattle, Wn

cc 2/25/41 rnf

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 307736  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH <u>Lincoln</u> (a) County <u>Boise</u> (b) City <u>Shoshone</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Shoshone</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>15</u> yrs. (f) Mother's mailing address <u>Los Angeles Calif</u>	
4. FULL NAME OF CHILD <u>Jessie Lillian Chrisman</u>		5. Date of Birth (Month, day, year) <u>Aug 1<sup>st</sup> 1897</u>	
6. Sex _____	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
10. FULL NAME <u>Jesse Bowden Chrisman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs.		16. FULL MAIDEN NAME <u>Anna Gilroy</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>Owensboro Kentucky</u> (City or town) (State or foreign country)		19. Birthplace <u>Newark N.J.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Engineer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Union Pacific R.R.</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u> (c) <del>Born alive and now dead</del> (d) Stillborn <u>1</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)  
(born alive, stillborn)

26. (a) Mar. 7, 1941 (Date received) (b) Clara A. Bridger Acting Registrar's signature  
(Mother, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of California } ss.  
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Anna Chrisman, being first duly sworn, say that I am related to Jessie Lillian Chrisman as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. O. Bonner midwife who attended said birth (Name of attendant at birth) and that this birth has not been previously recorded.  
(Is now deceased ~~for as yet~~)

Subscribed and sworn to before me on this 10<sup>th</sup> day of March, 1941  
(SEAL) L. Adele Wimpfheimer Notary Public, residing at 545 Pioneer St. Glendale, Calif  
My Commission Expires Feb. 15, 1944

JUN 25 1964

3/7/41 L. B.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

363-213-014-154  
RECEIVED  
SEP 24 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

307744  
State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County Canyon (b) City Emmett  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home own home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Emmett  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 24 yrs.  
(f) Mother's mailing address Emmett, Idaho  
3. RESIDENCE OF FATHER (city, state): Emmett, Ida.

4. FULL NAME OF CHILD Edna Alma Tolles

5. Date of Birth  
(Month, day, year) Mar. 13, 1897

6. Sex Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9 mo

9. Legitimate? yes

## FATHER OF CHILD

10. FULL NAME Charles Stone Tolles  
11. Color White 12. Age at time  
or Race \_\_\_\_\_ of THIS birth 41 yrs.  
13. Birthplace Cambridge, Mass.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

## MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Rachel Anderson  
17. Color White 18. Age at time  
or Race \_\_\_\_\_ of THIS birth 28 yrs.  
19. Birthplace St. Louis, California  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is  
related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) MAR 10 1942 (b) Ellen R. Tolles  
(Date received) (Registrar's signature)

25. Attendant's  
OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

and address \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, Ellen Rachel Tolles, being first duly sworn, say that I am related to  
Edna Alma Tolles as Mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-  
tained therein are true to the best of my knowledge. I further state that Sarah M. Anderson, who attended  
(Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Ellen R. Tolles Signature  
4230 Midvale Ave. Seattle, Wn. P.O. Address

Subscribed and sworn to before me on this \_\_\_\_\_ day of February, 1941

(SEAL)

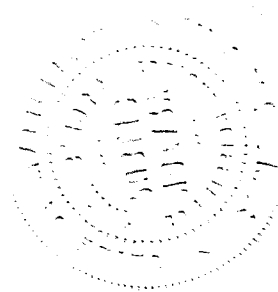
Shirley Notary Public, residing at \_\_\_\_\_

MAR 10 1917

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 307772

# CERTIFICATE OF BIRTH

Local Reg. No.

FEB 25 1941

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH:  
(a) County ADA (b) City BOISE  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
BORN AT HOME  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. days.  
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State IDAHO (b) County ADA  
(c) City BOISE  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 5 yrs.  
(f) Mother's mailing address  
3. RESIDENCE of FATHER (city, state): BOISE IDA

4. FULL NAME OF CHILD HELEN BEAL  
5. Date of Birth (Month, day, year) JAN 26 1897  
6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD  
10. FULL NAME JOSEPH ARCHER BEAL  
11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.  
13. Birthplace INDIANAPOLIA INDIANA  
(City or town) (State or foreign country)  
14. Exact Occupation ACCOUNTANT  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME LOUISA J. IMMENSCHUH  
17. Color or Race WHITE 18. Age at time of THIS birth 40 yrs.  
19. Birthplace LEAVENWORTH KANSAS  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as.

26. (a) FEB 25 1941 (Date received)  
(b) Col. J. A. Bridger (Registrar's signature)  
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)  
and address Date

State of OREGON  
County of MULTNOMAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LOUISA J BEAL, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with)  
HELEN BEAL as DAUGHTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR SPRINGER (Name of attendant at birth), who attended said birth. DECEASED and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Signature Louisa J Beal  
P. O. Address PORTLAND ORE

Subscribed and sworn to before me on this 24th day of February, 1941  
(SEAL) Notary Public for Oregon Notary Public, residing at Portland, Ore  
MY COMMISSION EXPIRES MAY 24, 1943



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-106-002-915

307775

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

FEB 25 1941

## CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. **PLACE OF BIRTH:**  
(a) County Adams (b) City New Meadows  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)  
(a) State Idaho (b) County Adams  
(c) City New Meadows  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 46 yrs.  
(f) Mother's mailing address New Meadows, Ida
3. **RESIDENCE of FATHER** (city, state) N.M., Idaho

4. **FULL NAME OF CHILD** James Wisley Mitchell
5. Date of Birth (Month, day, year) July 6th 1917
6. Sex male 7. Twin If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** James Andrew Mitchell
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Howland, Missouri  
(City or town) (State or foreign country)
14. Exact Occupation Farmer & stock raiser
15. Industry or Business Farmer & stock raiser
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Louisa Loveifel
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Sagan, Utah  
(City or town) (State or foreign country)
20. Exact Occupation \_\_\_\_\_
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

26. (a) \_\_\_\_\_ (Date received) \_\_\_\_\_ (b) Calde A. Bridger (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)
25. Attendant's **OWN signature** \_\_\_\_\_ M.D. \_\_\_\_\_  
(D.O., Midwife, etc.) \_\_\_\_\_  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Adams

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Wisley Mitchell, being first duly sworn, say that I am The Mother of \_\_\_\_\_  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Tommy Clay, who attended said birth, is now deceased and that this birth has not been previously recorded.  
(Is now deceased) (or) cannot be located

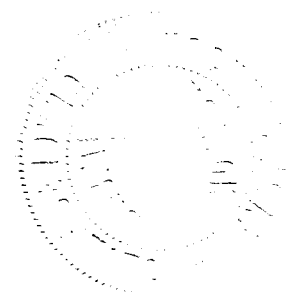
Subscribed and sworn to before me on this 24th day of February, 1941  
(SEAL) Clark Johnson Notary Public, residing at NEW MEADOWS, IDAHO  
Louisa Mitchell Signature  
New Meadows, Idaho P.O. Address

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



756-204-001-744

IDAHO  
WEST VIRGINIASTATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

Do Not Write in This Space

307880

## CERTIFICATE OF BIRTH

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH  
THE CHILD WAS BORNCounty where born Ada  
Town  
or  
City where born Boise, Idaho Street \_\_\_\_\_{ If birth occurred in a hospital or  
institution, give its NAME in-  
stead of its street and number.2. FULL NAME OF CHILD Ray Gumbert Pefley

2. Sex of Child <b>Female</b>	To be answered ONLY in event of plural births:	4. Twin, Triplet, or Other _____ 5. Number, in Order of Birth _____	6. Were Parents Married to Each Other?  <b>Yes</b>	7. Date of Birth of this child <u>1</u> <u>4</u> <u>1897</u> (Month) (Day) (Year)
8. Full Name <b>FATHER</b>  <u>Ray Pefley</u>			14. Name Before Marriage <b>MOTHER</b>  <u>Lucinda Gumbert</u>	
9. P. O. Address  <u>Boise, Idaho</u>			15. P. O. Address  <u>Boise, Idaho.</u>	
10. Color or Race  <u>White</u>	11. Age of Father at Time Child Was Born <u>29</u>		16. Color or Race  <u>White</u>	17. Age of Mother at Time Child Was Born <u>31</u>
12. Father's Birthplace { Town <u>Boise</u> State <u>Idaho</u>			18. Mother's Birthplace { Town <u>Boise</u> State <u>Idaho</u>	
13. Occupation (and Industry)  <u>Office Manager</u>			19. Occupation  <u>House wife</u>	
20. How Many Children Born to This Mother Up to and including This Child? <u>1</u>			21. Did Any of These Children Die Before This Child Was Born? <u>No</u>  If So, How Many? _____	

Received March 3, 1941

Clyde A. Bridger

(Signature)

Clerk, Bureau of Vital Statistics

Mary C. Gumbert

(Must be the same as the signature on other side.)

THE ABOVE FACTS MUST BE DULY SWORN TO, BEFORE AN OFFICER QUALIFIED TO ADMINISTER OATHS.  
SEE AFFIDAVIT ON THE OTHER SIDE OF THIS CERTIFICATE.

DO NOT USE PENCIL

THIS COPY OF A CIRCUIT COURT ORDER.

DEC 21 1965

**AFFIDAVIT OF ATTENDING PHYSICIAN, PARENT, NEAREST RELATIVE, OR OTHER PERSON HAVING  
KNOWLEDGE OF THIS BIRTH.**

STATE OF West Virginia }  
COUNTY OF Marion } ss.

The undersigned, being first duly sworn on oath, says that he is personally acquainted with the statements in the  
CERTIFICATE OF BIRTH as set forth upon the other side, and knows them to be true; that 5 he is related to said

child as Maternal Grandmother.

(Signature) Mary R. Zimber  
(Same signature as on face of certificate)

Subscribed in my presence and sworn to before me this 21st day of Jan, 1965

Harley J. Beall, Notary Public.  
My commission expires Jan 24, 1965.

**READ CAREFULLY**

1. This blank is to be used only for a birth occurring before the present current calendar year.
2. It is preferable that this certificate be signed by the attending physician, if possible.
3. The Father's and Mother's Ages, Occupations, Residence, and Number of Children Born to the Mother should be expressed as they were at the time of this birth.
4. The signature must be attested by an officer qualified to administer oaths.
5. Name and address of party sending in this certificate.

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307881

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Blairstown (b) City Soldier  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. days.  
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County.  
(c) City Soldier  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 14 yrs.  
(f) Mother's mailing address. Soldier, Idaho  
3. RESIDENCE of FATHER (city, state) Soldier, Idaho

4. FULL NAME OF CHILD John Austin Lightfoot

5. Date of Birth  
(Month, day, year) July 23, 1897

6. Sex male 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME John Henry Lightfoot  
11. Color or Race white 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Owensboro Kentucky  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

16. FULL MAIDEN NAME Jeannettie Laird Finch  
17. Color or Race white 18. Age at time of THIS birth 33 yrs.  
19. Birthplace Santaquin Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) MAR 3 1941 (Date received) (b) Chas de A. Bridger (Registrar's signature)  
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature (D.O., Midwife, etc.)  
and address Date

State of California  
County of Los Angeles ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jeannettie Laird Lightfoot, being first duly sworn, say that I am related to John Austin Lightfoot as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Finch (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Jeannettie Laird Lightfoot Signature  
415 - 21st Place, Santa Monica, California P. O. Address

Subscribed and sworn to before me on this 24 day of February, 1941  
(SEAL) Margaret Lee Notary Public, residing at Santa Monica, Calif.

MY COMMISSION EXPIRES MAY 27, 1945

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



483-124-003.463

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

The sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **307930**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH:**  
(a) County BANNOCK (b) City POCATELLO  
(c) Street Address or R.F.D. No. 175 HARRISON AVE  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)  
(a) State IDAHO (b) County BANNOCK  
(c) City POCATELLO  
(d) Street Address or R.F.D. No. 17-S. HARRISON  
(e) How long has **MOTHER** lived in Idaho? 7-8 yrs.  
(f) Mother's mailing address ABOVE  
3. **RESIDENCE of FATHER** (city, state): POCATELLO, IDA.

4. **FULL NAME OF CHILD** FRANCIS AMBROSE UHLAND

5. Date of Birth  
(Month, day, year) APRIL 24-1897

6. Sex MALE 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? YES

## FATHER OF CHILD

## MOTHER OF CHILD

10. **FULL NAME** FRANK AMBROSE UHLAND  
11. Color or Race WHITE 12. Age at time of THIS birth 36 yrs.  
13. Birthplace LEBANON, PENNSYLVANIA  
(City or town) (State or foreign country)  
14. Exact Occupation RAILROAD CLAIMS ATTORNEY  
15. Industry or Business OREGON SHORT LINE R. R.

16. **FULL MAIDEN NAME** JENNIE ANN POLLY  
17. Color or Race WHITE 18. Age at time of THIS birth 30 yrs.  
19. Birthplace CHICAGO ILLINOIS  
(City or town) (State or foreign country)  
20. Exact Occupation SCHOOL TEACHER  
21. Industry or Business POCATELLO PUBLIC SCHOOLS

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Mar. 3, 1941 (Date received) (b) Clyde P. Bridger (Registrar's signature)  
Acting (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of California } ss.  
County of Los Angeles

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Uhlund Stevenson, being first duly sworn, say that I am related to Francis Ambrose Uhlund as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Heuen (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27th day of February 1941  
(SEAL) Jennie Uhlund Stevenson Signature  
301-1737 N. Whitley Ave, Los Angeles P.O. Address  
Liberty Notary Public, residing at \_\_\_\_\_  
43 Commission Expires April 13, 1943



SEP 25 1942

3/8/41 L. B.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

563-128-036-152

307964

United States  
Department of Commerce  
Bureau of the Census

MAR 4 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH:**  
(a) County Oneida (b) City Weston Creek  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Weston Creek  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 25 yrs.  
(f) Mother's mailing address Cedarville, Idaho  
3. **RESIDENCE of FATHER** (city, state): \_\_\_\_\_

4. **FULL NAME OF CHILD** Dell Holmes  
5. Date of Birth (Month, day, year) Aug. 28, 1897  
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? \_\_\_\_\_

**FATHER OF CHILD**  
10. **FULL NAME** Magnus Holmes  
11. Color or Race White 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Saxtorp Sweden  
(City or town) (State or foreign country)  
14. Exact Occupation farmer and stock raiser  
15. Industry or Business buttermaker

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Martha Jessop  
17. Color or Race White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Millville Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Magnus Holmes, who is related to this child as father (First name) (Last name)  
(Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) [Signature] (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address now dead Date \_\_\_\_\_

State of Utah } ss.  
County of Cache

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Magnus Holmes, being first duly sworn, say that I am related to Dell Holmes as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Nielson (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Magnus Holmes Signature  
279 South 4th East, Logan, Utah P.O. Address

Subscribed and sworn to before me on this 28th day of February, 1941  
(SEAL) [Signature] Notary Public, residing at Logan, Utah

My commission expires 2/12/43

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-109.006-719

307975

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is complete and accurate)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 654  
Reg. Dist. No. 300

MAR 4 1941

**1. PLACE OF BIRTH:**

(a) County Bingham (b) City Blackfoot  
(c) Street Address or R.F.D. No. Rural  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

**(e) Mother's stay BEFORE delivery:**

In Hosp. or Mat. Home \_\_\_\_\_ days.

In **THIS** county 6 years \_\_\_\_\_ months \_\_\_\_\_ days.

**2. USUAL RESIDENCE OF MOTHER:** (Always fill in these)

(a) State Idaho (b) County Bingham  
(c) City Blackfoot  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 32 yrs.  
(f) Mother's mailing address (For registration notice):  
Council Bluffs, Idaho.

(Street or R. F. D.) (Postoffice)

**3. RESIDENCE OF FATHER** (city, state) Deceased**4. FULL NAME OF CHILD** Vernal - Merton - Ivie

**5. Date of Birth**  
(Month, day, year) June 9, 1897

**6. Sex** Male **7. Twin or Triplet** \_\_\_\_\_ **If so—born**  
1st, 2nd, 3rd

**8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME** Joseph - Alma - Ivie

**11. Color or Race** White **12. Age at time of THIS birth** 36 yrs.

**13. Birthplace** Utah  
(City or Town) (State or foreign country)

**14. Exact Occupation** Rancher

**15. Industry or Business** Ranch

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Hannah - Ella - Parker

**17. Color or Race** White **18. Age at time of THIS birth** 33 yrs.

**19. Birthplace** Oak Creek Utah  
(City or Town) (State or foreign country)

**20. Exact Occupation** House Keeper

**21. Industry or Business** Own Home

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** Unknown

**23. Number of children of this mother:** (a) At time of birth and including this child 8 (b) Born alive and now living 6  
(c) Born alive and now dead 2 (d) Stillborn 0

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Alive at 8 P M. on the date  
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Wallace Ivie, who is  
(First name) (Last name)

related to this child as Brother  
(Mother, etc.)

**26. (a)** 3/1/41 **(b)** [Signature]  
(Date received) (Registrar's signature)

**25. Attendant's OWN signature** \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)

**27. Given name added on** \_\_\_\_\_ **by** \_\_\_\_\_  
(Registrar's Signature)

and address \_\_\_\_\_ Date \_\_\_\_\_

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

**REGISTRATION OF BIRTHS**  
**LOCAL REGISTRATION OF BIRTHS**

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. \* \* \* \* \*, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

**MEDICAL REPORT**  
(Not for certified copies)

(a) Pregnancy: Complications of..... ..... .....	(d) Did baby have any:  (1) Congenital Malformation?..... Describe: .....
(b) Labor: Complications:..... ..... ..... Induced?..... .....	(2) Birth Injury? ..... Describe: .....  (3) Was mother given a Wasserman before delivery? .....
(c) Was there an operation for delivery?..... State all operations:..... .....	(4) Signature of Physician: .....

006

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH**  
**BUREAU OF VITAL STATISTICS**

State of.....Idaho.....  
County of.....Adams..... } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

.....Mrs. Ella Ivie.....being first duly sworn says that  
She is the Mother of Vernal Merton Ivie  
(Relationship of child)\*  
born June 9th 1897 at Blackfoot, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Vernal Merton Ivie

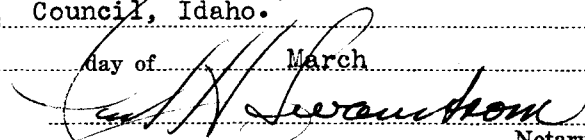
.....hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Hannah Ivie (Grandmother of child) M.D. was the  
acted as Midwife  
medical attendant at the birth of said Vernal Merton Ivie and that  
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

X Name of Affiant Mrs. Ella Ivie  
P. O. Address Council, Idaho.

Subscribed and sworn to before me this 3rd day of March, 1941.

  
Notary Public.  
Residing at Council, Idaho, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

cc 3/6/41 rmf

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253 - 112.0 35-364

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 3 1941

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

307983

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (a) County <u>Idaho</u> (b) City <u>Gifford</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home..... days. In <b>THIS</b> county <u>29</u> years..... months..... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Gifford</u> (d) Street Address or R.F.D. No..... (e) How long has <b>MOTHER</b> lived in Idaho? <u>30</u> yrs. (f) Mother's mailing address.....	
<b>4. FULL NAME OF CHILD</b> <u>Clarence E. Kelley</u>		<b>5. Date of Birth</b> (Month, day, year) <u>Aug 12 1897</u>	
<b>6. Sex</b> <u>m</u>	<b>7. Twin or Triplet</b> <u>no</u> <b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Sylvester M. Kelley</u> <b>11. Color or Race</b> <u>w</u> <b>12. Age at time of THIS birth</b> <u>30</u> yrs. <b>13. Birthplace</b> (City or town) <u>mo</u> (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Delilah Lough</u> <b>17. Color or Race</b> <u>w</u> <b>18. Age at time of THIS birth</b> <u>59</u> years <b>19. Birthplace</b> (City or town) <u>mo</u> (State or foreign country) <b>20. Exact Occupation</b> <u>house</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead..... (d) Stillborn.....			

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at Idaho on the date Mar. 3, 1941 and at the place stated above, and that personal particulars were furnished by Sylvester M. Kelley, who is related to this child as Father (First name) (Last name)

**26. (a)** Mar. 3, 1941 **(b)** Sylvester M. Kelley **25. Attendant's OWN signature** Sylvester M. Kelley  
(Date received) (Registrar's signature) (D.O., Midwife, etc.)  
**27. Given name added on** by acting **and address** Gifford Idaho **Date** 1940  
(Registrar's signature)

State of Idaho } ss.  
County of Lewis

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

**I, Sylvester M. Kelley**, being first duly sworn, say that I am Father (Related to (or) acquainted with) Clarence E. Kelley, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

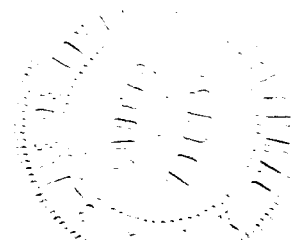
Subscribed and sworn to before me on this 1st day of March, 1941  
(SEAL) F. R. Annear Notary Public, residing at Craigmont, Idaho



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38; Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **308081**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County Washington City Council  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Council  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. Deceased  
(e) How long has MOTHER lived in Idaho? Deceased yrs.  
(f) Mother's mailing address \_\_\_\_\_  
3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Rose Agnes Coski

5. Date of Birth (Month, day, year) Dec 15th 1897

6. Sex Female 7. Twin or Triplet Triplet If so, born 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME John Coski  
11. Color or Race White 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Nowe Maisto Posen Poland  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

16. FULL MAIDEN NAME Antoinette Knitter  
17. Color or Race White 18. Age at time of THIS birth 39 yrs.  
19. Birthplace Bigdowzy Posen Poland  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6  
(c) Born alive and now dead 5 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Mar. 13, 1941 (b) Clyde A. Bridger  
(Date received) (Acting Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho ss.  
County of Valley

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, D. J. Coski, being first duly sworn, say that I am Related to Rose Agnes Coski Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended said birth Deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13 day of March, 1941.  
(SEAL) H. E. Branstetter Notary Public, residing at Donnelly Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-115-046-253

308082

308082

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 308082

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

<p>1. PLACE OF BIRTH:</p> <p>(a) County <u>Washington</u> (b) City <u>Council</u></p> <p>(c) Street Address or R.F.D. No. _____</p> <p>(d) Name of Hospital or Maternity Home: _____</p> <p>(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.</p>		<p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Washington</u></p> <p>(c) City <u>Council</u></p> <p>(d) Street Address or R.F.D. No. <u>Deceased</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>Deceased</u> yrs.</p> <p>(f) Mother's mailing address _____</p>	
<p>4. FULL NAME OF CHILD <u>Thomas A. Coski</u></p>		<p>5. Date of Birth (Month, day, year) <u>Dec 15 1897</u></p>	
<p>6. Sex <u>Male</u></p>		<p>7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd <u>1st</u></p>	
<p>6. No. months of Pregnancy <u>9</u></p>		<p>9. Legitimate? <u>yes</u></p>	
<p>FATHER OF CHILD</p> <p>10. FULL NAME <u>John Coski</u></p> <p>11. Color or Race <u>White</u></p> <p>12. Age at time of THIS birth <u>42</u> yrs.</p> <p>13. Birthplace <u>Nowe Miasto Posen Poland</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Farmer</u></p> <p>15. Industry or Business <u>Farmer</u></p>		<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Antoinette Knitter</u></p> <p>17. Color or Race <u>White</u></p> <p>18. Age at time of THIS birth <u>39</u> yrs.</p> <p>19. Birthplace <u>Bigdowsky Posen Poland</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>House Wife</u></p> <p>21. Industry or Business _____</p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum _____</p> <p>23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>8</u> (c) Born alive and now dead <u>5</u> (d) Stillborn _____</p>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

(Mother, etc.) Clyde A. Bridger  
26. (a) Mar. 13, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Valley

I Thomas A. Coski being first duly sworn, say that I am Related to \_\_\_\_\_ (Related to (or) acquainted with)  
(Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended said birth Deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

D. G. Coski Signature  
Donnelly Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of March 1941  
(SEAL) H. E. Christy Notary Public, residing at Donnelly Idaho

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR 13 1941

Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

#308084 308084

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County... <u>Idaho</u> (b) City... <u>Franklin</u> (c) Street Address or R.F.D. No. <u>478</u> (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>none</u> days. In THIS county <u>3</u> years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Utah</u> (b) County... <u>Wasatch Co.</u> (c) City... <u>Salt Lake City</u> (d) Street Address or R.F.D. No. <u>478</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs. (f) Mother's mailing address <u>201-E 3rd St.</u> 3. RESIDENCE OF FATHER (city, state) <u>dead 17 yrs</u>	
4. FULL NAME OF CHILD <u>Sidney Virgil Hughes</u>		5. Date of Birth (Month, day, year) <u>Jan 7, 1897</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>4th</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Henry C. Hughes</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>London England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Anne Robinson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> years 19. Birthplace <u>Trent Barrington Gloucester Eng</u> (City or town) (State or foreign country) 20. Exact Occupation <u>lived at home</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6  
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
and as stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

26. (a) MAR 13 1941 (b) Clara A. Bridge  
(Date received) (Registrar's signature)  
27. Given name added on.....by.....  
(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....  
(D.O., Midwife, etc.)  
and address.....Date.....

State of Utah } ss.  
County of Salt Lake  
I, Sarah Anne Hughes, being first duly sworn, say that I am.....mother of Sidney Virgil Hughes as.....  
(Name of person in certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Steadman Midwife who attended said birth.....and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 2nd day of December, 1940  
Oscar A. Jensen Notary Public, residing at Salt Lake City Utah  
(SEAL)



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

756-123-025-515

United States  
Department of Commerce  
Bureau of the Census

RECEIVED the information is as of date of birth of THIS child)

State File No. 308172

# CERTIFICATE OF BIRTH

Local Reg. No.

MAR 11 1941

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho City Lattonwood  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 19 years 10 month \_\_\_\_\_ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address \_\_\_\_\_
3. RESIDENCE of FATHER (city, state): \_\_\_\_\_

4. FULL NAME OF CHILD James Thomas George  
5. Date of Birth (Month, day, year) 19 97 Dec 23  
6. Sex \_\_\_\_\_ 7. Twin or Triplet \_\_\_\_\_ If so - born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD  
10. FULL NAME Chesley Turner George  
11. Color or Race White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Princeton Missouri (City or town) (State or foreign country)  
14. Exact Occupation Contractor  
15. Industry or Business Construction
- MOTHER OF CHILD  
16. FULL MAIDEN NAME Anna Catherine Gansbly  
17. Color or Race White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Joplin Missouri (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3  
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) MAR 11 1941 (Date received) (b) Anna Catherine George (Mother, etc.)  
(c) Chesley Turner George (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature) and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington County of King ss. Anna Catherine George & Chesley Turner George AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.  
I, Anna Catherine George & Chesley Turner George, being first duly sworn, say that I am related to James Thomas George as mother & father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_ (Name of attendant at birth) who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located) Anna Catherine George Signature  
Chesley Turner George P.O. Address  
Rte 1, Box 413, Kent, Wash.  
Subscribed and sworn to before me on this 10 day of March, 19 41  
(SEAL) Ronald C. Cusick Notary Public, residing at Kent



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/15/41 Z.J.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **308184**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

**MAR 10 1941**

<b>1. PLACE OF BIRTH:</b> <u>LEWIS CO</u> (a) County <u>Nez Perce</u> (b) City <u>Nez Perce</u> (c) Street Address or R.F.D. No. <u>Rural</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years <u>14</u> month _____ days.		<b>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</b> (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Nez Perce</u> (d) Street Address or R.F.D. No. <u>Rural Route</u> (e) How long has MOTHER lived in Idaho? <u>14 yrs.</u> (f) Mother's mailing address <u>Nez Perce, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Orin Alvis Malmoe</u>		<b>5. Date of Birth</b> (Month, day, year) <u>Sept 16 - 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Martin Baal Malmoe</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>37 yrs.</u> <b>13. Birthplace</b> <u>Norway Estate Norway</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farming</u> <b>15. Industry or Business</b> <u>Self</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Daisy Bell Nobles</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22 yrs.</u> <b>19. Birthplace</b> <u>Ferguson Co. California</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Own Home</u>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum** none used  
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 1  
 (c) Born alive and now dead 0 (d) Stillborn 0

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born alive at P. M. on the date March 10, 1941 and at the place stated above, and that personal particulars were furnished by Daisy Malmoe who is related to this child as mother (First name (Last name))  
 (Mother, etc.)  
**25. Attendant's OWN signature** Daisy B Malmoe (D.O., Midwife, etc.)  
 and address 1823 N. Dean - Spokane, Wash.  
**26. (a) Mar. 10, 1941** (Date received) **(b) Clyde A. Bridger** (Registrar's signature)  
**27. Given name added on** \_\_\_\_\_ by Acting (Registrar's signature)

State of Washington } ss.  
 County of Spokane

Daisy B Malmoe, being first duly sworn, say that I am related (Related to (or) acquainted with)  
Orin Alvis Malmoe as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician in attendance (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5th day of March 1941  
Winnifred McPherson Notary Public, residing at Spokane, Wash.  
 Signature \_\_\_\_\_  
 P.O. Address \_\_\_\_\_

(SEAL)

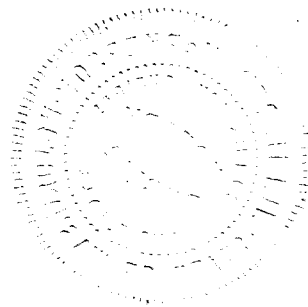
Please mail certified  
copy  
O. A. Malum

3/14/41 L. B.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Fremont  
City of St. Anthony  
No. Front St.  
At Home.  
(If born in hospital or institution give name.)

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD George Louis Maurer

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____ <u>Yes</u>	8. Date of birth <u>Dec. 14, 1897</u> (Month, Day, Year)
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9. Full name FATHER  
Louis John Maurer  
10. Residence (usual place of abode)  
(If non-resident, give place and State) St. Anthony  
11. Color or race White | 12. Age at last birthday 40 (years)  
13. Birthplace (city or place) Wapello  
(State or Country) Iowa  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work not known, 19\_\_\_\_  
17. Total time (years) spent in this work not known, 19\_\_\_\_

18. Full maiden name MOTHER  
Caroline E. Sheldon  
19. Residence (usual place of abode)  
(If non-resident, give place and State) St. Anthony  
20. Color or race White | 21. Age at last birthday 28 (years)  
22. Birthplace (city or place) Red Oak  
(State or Country) Iowa  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife  
25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known  
28. Number of children of this mother (At time of this birth and including this child)  
Three (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks  
30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11 30 P m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Caroline E. Sheldon Maurer  
or \_\_\_\_\_ Midwife  
Address 507 No. Olive, Orange, Calif.  
Filed Mar 1941 Acting Registrar.

Registrar.



414-114-022-285

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California

County of Orange

### AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Caroline E. Stevens

being first duly sworn says that

She

is the Mother

(Relationship of child)\*

of George L. Maurer

born December 14, 1897

(Date of birth)

at St. Anthony

Idaho,

whose certificate of birth is hereto attached, and that George Louis Maurer desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said

George Louis Maurer

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Middleton

M. D. was the

medical attendant at the birth of said George Louis Maurer

the said medical attendant is Now Deceased

(Now deceased (or) cannot be located)

Name of Affiant

Caroline Sheldon Maurer Stevens

P. O. Address

507 No. Olive Orange Calif.

Subscribed and sworn to before me this

3

day of

March

1941

Harry T. Edwards

Notary Public.

My Commission expires January 14, 1945

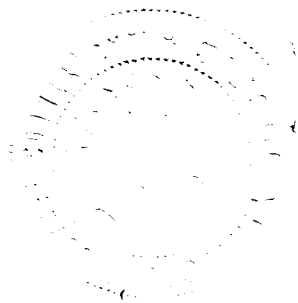
Residing at

Santa Ana Calif.

Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

3/14/41, 1541



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308279

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Troy  
(c) Street Address or R.F.D. No. 4  
(d) Name of Hospital or Maternity Home:  
in home occupied by parents  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No. 4  
(e) How long has MOTHER lived in Idaho? 3 yrs.  
(f) Mother's mailing address same  
3. RESIDENCE of FATHER (city, state): Troy, Ida.

4. FULL NAME OF CHILD Carl Iver Johnson

5. Date of Birth (Month, day, year) June 15, 1897.

6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME John Johnson  
11. Color or Race White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Elsborgs Lan, Sweden  
(City or town) (State or foreign country)  
14. Exact Occupation farming  
15. Industry or Business \_\_\_\_\_

Same before MOTHER OF CHILD marriage  
16. FULL MAIDEN NAME Christina Johnson  
17. Color or Race White 18. Age at time of THIS birth 37 yrs.  
19. Birthplace Elsborgs Lan, Sweden  
(City or town) (State or foreign country)  
20. Exact Occupation Housekeeping  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) \_\_\_\_\_ (Date received) (b) Clyde A. Bridger (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington } ss.  
County of Yakima

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christina Johnson, being first duly sworn, say that I am related to Carl Iver Johnson as mother of this child (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Majastina Larson (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Christina Johnson Signature  
1704 Grant Ave. Yakima, Wash. P. O. Address

Subscribed and sworn to before me on this 10th day of March, 19 41  
(SEAL) Dorothy E. Swift Notary Public, residing at Yakima, Wash.



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

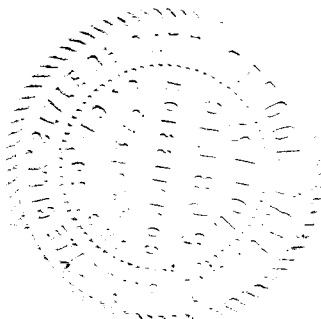
Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(SEAL)

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

MAR 17 1941

Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

308289

State File No.....  
Local Reg. No. 1365  
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**  
(a) County Idaho (b) City Moscow  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home:  
X  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home X days.  
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Idaho  
(c) City Moscow  
(d) Street Address or R.F.D. No. 1  
(e) How long has **MOTHER** lived in Idaho? 20 yrs.  
(f) Mother's mailing address 1113 S. 2nd St. Idaho

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** William Sherman Clyde 5. Date of Birth (Month, day, year) Nov. 5 1892  
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Wells William Clyde  
11. Color or Race White 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Emily Jane Zentler  
17. Color or Race White 18. Age at time of THIS birth 28 years  
19. Birthplace Idaho (City or town) (State or foreign country)  
20. Exact Occupation  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living .....  
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

26. (a) 3-14-41 (Date received) (b) [Signature] (Registrar's signature)  
27. Given name added on ..... by ..... (Registrar's signature)  
25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)  
and address ..... Date

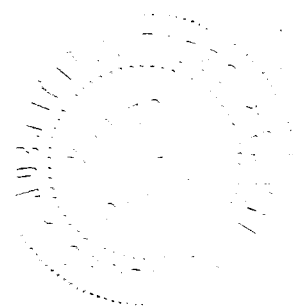
State of Idaho } ss.  
County of Idaho  
I, Mrs. Jennie M. McCarty, being first duly sworn, say that I am Related to (Related to (or) acquainted with)  
William Sherman Clyde Cousin, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Worthington, who attended said birth Is now deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 12th day of March, 1941  
(SEAL) [Signature] Notary Public, residing at Moscow, Idaho

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

395-115-035-195  
RECEIVED  
Be sure the information is as of date of birth of THIS child)  
MAR 17 1941  
CERTIFICATE OF BIRTH  
STATE OF IDAHO

308335  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Key Perce</u> (b) City <u>Cameron</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Key Perce</u> (c) City <u>Cameron</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>42</u> yrs. (f) Mother's mailing address <u>Cameron</u> 3. RESIDENCE of FATHER (city, state): <u>Idaho</u> 5. Date of Birth (Month, day, year) <u>June 15/1897</u> 6. Sex <u>male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy _____ 9. Legitimate? _____	
4. FULL NAME OF CHILD <u>Otto George Tiede</u>		6. MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha Augusta Arnoldt</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Germany</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house-wife</u> 21. Industry or Business	
FATHER OF CHILD 10. FULL NAME <u>Hermann Louis Tiede</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>56</u> yrs. 13. Birthplace <u>Germany</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6  
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) \_\_\_\_\_ (Date received) (b) Ida D. Briger (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho  
County of Key Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louis Tiede, being first duly sworn, say that I am brother (Related to (or) acquainted with)  
(Name of person on certificate above) as \_\_\_\_\_ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_ (Name of attendant at birth), who attended said birth not located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located).

Louis Tiede Signature  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 3 day of March, 1941  
(SEAL) H. G. Trebbly Public, residing at Elifford Idaho  
the Peace

cc 5/21/11 HALL

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-122-007-465

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR 18 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

308350

State File No. ....  
Local Reg. No. 26.....  
Reg. Dist. No. 410.....

1. **PLACE OF BIRTH:**  
(a) County Blaine (b) City Ketchum  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home.....days.  
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Blaine  
(c) City Ketchum  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 13 yrs.  
(f) Mother's mailing address Ketchum, Idaho  
Ketchum, Idaho

3. **RESIDENCE OF FATHER** (city, state) .....

4. **FULL NAME OF CHILD** James John McCoy

5. Date of Birth 8-22-1897  
(Month, day, year)

6. Sex Male 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....  
8. No. months of Pregnancy ..... 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Frances McCoy  
11. Color white 12. Age at time of THIS birth 23 yrs.  
or Race ..... of THIS birth ..... yrs.  
13. Birthplace Shasta County California  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosa Belle Monks  
17. Color white 18. Age at time of THIS birth 19 yrs.  
Race ..... THIS birth ..... years  
19. Birthplace Deith Nevada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 8 P M. on the date March 15, 1941 and at the place stated above, and that personal particulars were furnished by James F. McCoy, who is related to this child as Father (First name) (Last name)

26. (a) 3-15-1941 (Date received) (b) Robert H. Wright (Registrar's signature)  
27. Given name added on ..... by Robert H. Wright (Registrar's signature)  
25. Attendant's **OWN** signature ..... M.D. or (D.O., Midwife, etc.)  
and address ..... Date .....

State of Idaho } ss.  
County of Blaine }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jas. F. McCoy, being first duly sworn, say that I am related to James John McCoy as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that James F. McCoy (Name of attendant at birth) who attended said birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of March, 1941, at Ketchum, Idaho P. O. Address Hailey, Idaho.  
(SEAL) Joseph M. Gault Notary Public, residing at .....



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-10610 76-517

309522

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

# CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

MAR 24 1941

1. PLACE OF BIRTH:  
(a) County Onieda (b) City Rockland  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at parents home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 10 years    month    days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Onieda  
(c) City Rockland  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 24 yrs.  
(f) Mother's mailing address Rockland, Idaho
3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD George Wilson Stewart
5. Date of Birth (Month, day, year) 6 May 1897
6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 8 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME George Luman Stewart
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden, Utah  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Ann Hatch
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Eagleville Utah  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4  
(c) Born alive and now dead 1 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) MAR 27 1941 (Mother, etc.) (b) Mabel Feeder (Registrar's signature)
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Utah  
County of Davis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Luman Stewart, being first duly sworn, say that I am the father of  
George Wilson Stewart as father (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Brown (Name of attendant at birth) \_\_\_\_\_, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

George Luman Stewart Signature  
Clearfield, Utah P. O. Address

Subscribed and sworn to before me on this 22nd day of March, 19 41  
(SEAL) Mabel Feeder Notary Public, residing at Clearfield, Utah.  
My commission expires September 10, 1941

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

41141 2141

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

615-1241040-165

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **309561**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County <u>Shoshone</u> (b) City <u>Mace</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home <u>0</u> days. In <b>THIS</b> county <u>11</u> years <u>2</u> months <u>2</u> days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County ..... (c) City <u>.....</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? ..... yrs. (f) Mother's mailing address: ..... <b>3. RESIDENCE OF FATHER</b> (city, state).....	
<b>4. FULL NAME OF CHILD</b> <u>Harold Earl Johnson Wayne</u>		<b>5. Date of Birth</b> (Month, day, year) <u>June 24, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>.....</u> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Andrew Wayne Wayne</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>44</u> yrs. <b>13. Birthplace</b> <u>Rockford Illinois</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Mining Engineer</u> <b>15. Industry or Business</b> <u>Mining</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Johanna Anna Johnson</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>35</u> years <b>19. Birthplace</b> <u>Lake of the Hills Nova Scotia Canada</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>UNKNOWN</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>born alive</u> at <u>11 P.</u> M. on the date and at the place stated above, and that personal particulars were furnished by <u>Andrew W. Wayne</u> who is related to this child as <u>Father</u> (First name) (Last name) (Mother, etc.)			
<b>26. (a) March 25, 1941</b> (Date received) <b>(b) Mabel F. Elder</b> (Registrar's signature)		<b>25. Attendant's OWN signature</b> ..... M.D. or (D.O., Midwife, etc.)	
<b>27. Given name added on</b> ..... <b>by</b> <u>Mabel F. Elder</u> (Registrar's signature)		<b>and address</b> ..... <b>Date</b> .....	

State of Idaho } ss.  
County of Benewah }

I, Andrew W. Wayne, being first duly sworn, say that I am The father (Related to (or) acquainted with)  
Harold E. Wayne as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor now deceased (Name of attendant at birth) who attended said birth. Now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Andrew W. Wayne Name  
St. Maries Idaho P. O. Address  
March

Subscribed and sworn to before me on this 24 day of March  
Thos. Sargent Notary Public, residing at St. Maries, Idaho

(SEAL)

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc 4/3/41 PMF

236-103-037-769

309572

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

MAR 25 1941

CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

- |  |  |
|--|--|
| 1. PLACE OF BIRTH:<br>(a) County <u>Owyhee</u> (b) City <u>Riddle</u><br>(c) Street Address or R.F.D. No. _____<br>(d) Name of Hospital or Maternity Home: <u>no</u><br>(e) Mother's stay BEFORE delivery:<br>In Hosp. or Mat. Home. <u>no</u> days.<br>In THIS county _____ years _____ month _____ days. | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)<br>(a) State <u>Idaho</u> (b) County <u>Owyhee</u><br>(c) City <u>Riddle</u><br>(d) Street Address or R.F.D. No. <u>as above</u><br>(e) How long has MOTHER lived in Idaho? <u>20</u> yrs.<br>(f) Mother's mailing address <u>as above</u> |
|--|--|

- |  |  |
|--|--|
| 4. FULL NAME OF CHILD <u>John Matthias Stone</u> | 5. Date of Birth <u>Dec. 3. 1897</u><br>(Month, day, year)           |
| 6. Sex <u>male</u>                               | 7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd <u>2nd</u> |
|  | 8. No. months of Pregnancy <u>9</u>                                  |
|  | 9. Legitimate? <u>yes</u>  |

- |   |   |
|---|---|
| FATHER OF CHILD<br>10. FULL NAME <u>Richard Blueford Stone</u><br>11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs.<br>13. Birthplace <u>San Francisco, Cal.</u><br>(City or town) (State or foreign country)<br>14. Exact Occupation <u>farmer</u><br>15. Industry or Business <u>farmer</u> | MOTHER OF CHILD<br>16. FULL MAIDEN NAME <u>Barbara Ann Portclock</u><br>17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>20</u> yrs.<br>19. Birthplace <u>Emmett, Idaho.</u><br>(City or town) (State or foreign country)<br>20. Exact Occupation <u>housewife</u><br>21. Industry or Business <u>housewife.</u> |
|---|---|

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child. \_\_\_\_\_ (b) Born alive and now living. \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)  
(Mother, etc.)

- |   |  |
|---|--|
| 26. (a) <u>Mar. 25, 1941</u> (b) <u>Mabel F. Elder</u><br>(Date received) (Registrar's signature) | 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) |
| 27. Given name added on _____ by <u>Mabel F. Elder</u><br>(Registrar's signature)                 | and address _____ Date _____                                   |

State of Idaho } ss.  
County of Jefferson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Barbara Ann Stone, being first duly sworn, say that I am related to John Matthias Stone as his mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grace Stone (Name of attendant at birth) who attended said birth is now deceased. and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Barbara Ann Stone Signature  
Rigby--2, Idaho. P. O. Address

Subscribed and sworn to before me on this 25 day of March, 19 41  
(SEAL) Bash R. Bennett Notary Public, residing at Rigby Idaho.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

318-159-003-219  
RECEIVED  
(Be sure the information is as of date of birth of THIS child)  
MAR 29 1941  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

309608  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH:**  
(a) County Bannock (b) City McCammon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 3 years 6 month \_\_\_\_\_ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City McCammon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 34 yrs.  
(f) Mother's mailing address McCammon, Idaho  
3. **RESIDENCE of FATHER** (city, state): McCammon, Idaho

4. **FULL NAME OF CHILD** Horace Joseph Taylor

5. Date of Birth  
(Month, day, year) Sept. 29, 1897

6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

10. **FULL NAME** James Henry Taylor  
11. Color or Race White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Ogden Valley, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

16. **FULL MAIDEN NAME** Mary Ann Barber  
17. Color or Race White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Pembury Kent, Sussex, England  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4  
(c) Born alive and now dead 1 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) MAR 29 1941 (Mother etc.)  
(Date received) (b) Mabel J. Feeder  
(Registrar's signature)

25. Attendant's  
**OWN signature** \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of California  
County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARY ANN TAYLOR, being first duly sworn, say that I am related  
Horace Joseph Taylor as "Mother" (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Morley, who attended said birth is now deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ann Taylor Signature  
322 Hawthorne St., So. Pasadena, Calif. P.O. Address

Subscribed and sworn to before me on this 22nd day of March, 1941.  
(SEAL) Edmund Notary Public, residing at Los Angeles, Calif.

My Commission Expires October 11, 1943.



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 4 1941

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

309747  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH:</b> (a) County <u>Blaine</u> (b) City <u>Soldier</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mother's stay BEFORE delivery: <u>at Home</u> In Hosp. or Mat. Home.....days..... In THIS county.....years.....months.....days.....		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Soldier</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>13</u> yrs. (f) Mother's mailing address, <u>Soldier, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Leland Milford Cluer</u>		<b>5. Date of Birth</b> (Month, day, year) <u>August 3-1917</u>	
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> <u>neither</u> If so—born 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Samuel Albert Cluer</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>34</u> yrs. <b>13. Birthplace</b> <u>London England</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Miner Carpenter</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth Mackley Daugherty</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>22</u> years <b>19. Birthplace</b> <u>Berkut Iowa</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> <u>none</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>No not know</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>yes</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was.....at.....M. on the date..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name) <u>APR 4 1941</u> (Date received) <u>Mabel Fesche</u> (Registrar's signature)			
<b>26. (a).....</b> (b)..... (Date received) (Registrar's signature)		<b>25. Attendant's OWN signature</b> .....M.D. or..... (D.O., Midwife, etc.)	
<b>27. Given name added on.....by.....</b> (Registrar's signature)		<b>and address</b> ..... Date	

State of Washington

County of Clallam

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Albert Cluer being first duly sworn, say that I am.....  
Leland Milford Cluer as.....  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....my midwife....., who attended said birth.....is now deceased.....  
(Is now deceased (or) cannot be located) (Name of attendant at birth)  
and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 1st day of April, 1941

(SEAL) Nelson Ruhl formerly Nelson McSweeney Notary Public, residing at Port Angeles

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

State File No. 309780

Local Reg. No.

Reg. Dist. No.

# CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:  
(a) County LINCOLN (b) City SHOSHONE  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. days.  
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State IDAHO (b) County LINCOLN  
(c) City SHOSHONE  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? yrs.  
(f) Mother's mailing address  
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD PETER SAMUEL LEWIS

5. Date of Birth SEPT. 26, 1897  
(Month, day, year)

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? YES

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME SAMUEL LEWIS  
11. Color or Race WHITE 12. Age at time of THIS birth yrs.  
13. Birthplace (City or town) (State or foreign country)  
14. Exact Occupation FARMING  
15. Industry or Business RANCHING

16. FULL MAIDEN NAME MARY  
17. Color or Race WHITE 18. Age at time of THIS birth yrs.  
19. Birthplace (City or town) (State or foreign country)  
20. Exact Occupation FARMERS WIFE  
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living PES  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (born alive, stillborn), who is related to this child as (First name) (Last name)

26. (a) Apr. 8 - 1941 (b) Mary E. Elder  
(Date received) (Registrar's signature)

25. Attendant's OWN signature (D.O., Midwife, etc.)  
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho } ss.  
County of Lincoln

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E. C. Gooding, being first duly sworn, say that I am acquainted with Peter Samuel Lewis as an acquaintance (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the attendant (Name of attendant at birth), who attended said birth is not known to me and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

E. C. Gooding  
Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of April 1941, 19

(SEAL)

G. B. Haddock Notary Public, residing at

JUL 9 1968

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



State of Idaho,  
County of Lincoln SS.

I, E. G. Gooding, being first duly sworn, on oath depose and say that I am well and personally acquainted with Peter Samuel Lewis named above. That for many years, and at all times mentioned herein Sam Lewis, the father of said Peter Samuel Lewis, was in the employ of my father, Fred Gooding, who is now deceased, and that I knew well said Sam Lewis and his wife, whose first name ~~do not know~~ <sup>was Mary</sup>, and whose maiden name I do not know. I further swear that I remember the time of the birth of said Peter Samuel Lewis, which to the best of my recollection was in the fall of 1897, but that I do not remember the exact date, but that the date given above, as the date of his birth, towit, September 26, 1897, I believe to be correct. I have known said Peter Samuel Lewis since his birth, and now know him and am well acquainted with him, and that I swear, on information and belief, that the date of his birth was September 26, 1897. The father and mother of said Peter Samuel Lewis are now deceased, and he has no older brothers, and has no sisters, or other relatives who can definitely place the date of his birth, and I therefore make this affidavit to assist him in having his birth registered in the State of Idaho by a delayed birth certificate.

E. G. Gooding

Subscribed and sworn to before me by E. G. Gooding this 7th. day of April, 1941.

Robert Haddock

Notary Public for Idaho,  
residing at Shoshone, Idaho.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

512-228-02-815

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **309854**

**CERTIFICATE OF BIRTH**

Local Reg. No. **94**

STATE OF IDAHO

Reg. Dist. No. **540**

**APR 7 1941**

1. **PLACE OF BIRTH:**  
(a) County Franklin (b) City Preston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)  
(a) State Idaho (b) County Franklin  
(c) City Preston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address \_\_\_\_\_
3. **RESIDENCE of FATHER** (city, state). \_\_\_\_\_

4. **FULL NAME OF CHILD** Fern Annie Nash
5. Date of Birth Aug 28, 1897  
(Month, day, year)
6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

**MOTHER OF CHILD**

10. **FULL NAME** Andrew Bartlett Nash
11. Color White 12. Age at time of **THIS** birth 25 yrs.
13. Birthplace Franklin Idaho  
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business \_\_\_\_\_
16. **FULL MAIDEN NAME** Hilda Oveda Hansen
17. Color White 18. Age at time of **THIS** birth 21 yrs.
19. Birthplace Christinia Norway  
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 4:P. M. on the date \_\_\_\_\_  
(born alive, stillborn) Andrew B. Nash, who is related to this child as Father  
(First name) (Last name)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.) \_\_\_\_\_  
and address \_\_\_\_\_ Date \_\_\_\_\_
26. (a) 4-3-41 (b) G.W. Stiles  
(Date received) (Registrar's signature)
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

State of \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Andrew B. Nash, being first duly sworn, say that I am Related  
Fern Annie Nash as Father (Related to (or) acquainted with) \_\_\_\_\_  
(Name of person on certificate above) (State relationship or acquaintance) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Swann, who attended said birth. Deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of April, 1941  
(SEAL) \_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

957-229-275-557

309923

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

APR 11 1941

1. PLACE OF BIRTH (a) Idaho (b) Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Home or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years month days.

4. FULL NAME OF CHILD Gertrude Ophelia Ingraham

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so - born 1st/2nd, 3rd \_\_\_\_\_

5. Date of Birth (Month, day, year) Sept. 29, 1897

8. No. months of Pregnancy 9 9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME John F. Ingraham  
11. Color or Race White 12. Age at time of THIS birth 31 yrs.

13. Birthplace Maine  
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business \_\_\_\_\_

## MOTHER OF CHILD

16. FULL MAIDEN NAME Ophelia Louis English  
17. Color or Race White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Chandlerville Ill.  
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) APR 11 1941 (b) Malcolm E. Leeder  
(Date received) (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leila C. Rising, being first duly sworn, say that I am Related (Related to (or) acquainted with)  
Gertrude O. Ingraham as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. D. W. W. W., who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

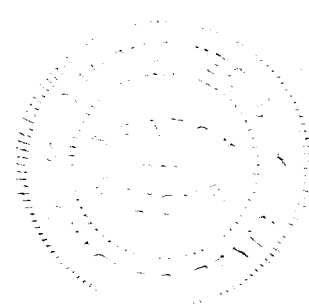
Subscribed and sworn to before me on this 17 day of May, 1941  
J. Ben Leeder Notary Public, residing at Grangerville, Idaho

(SEAL)

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and ~~uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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310006

310006

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
Bureau of Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County Ada (b) City Meridian  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Meridian  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address Meridian

3. RESIDENCE of FATHER (city, state) Meridian

4. FULL NAME OF CHILD Curtis Dustin Corey  
5. Date of Birth (Month, day, year) Oct. 9, 1897  
6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME Aaron Wort Corey  
11. Color or Race white 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Yorktown New York  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD  
16. FULL MAIDEN NAME Ollie Ellis  
17. Color or Race white 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Meta M. Powell, who is related to this child as Aunt  
(First name) (Last name)

26. (a) April 25-1941 (b) Meta M. Powell  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature Meta M. Powell M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Ada } ss. \_\_\_\_\_

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Meta Powell, being first duly sworn, say that I am related  
Curtis Dustin Corey as aunt (mother's sister) (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Harris, who attended  
(Name of attendant at birth)  
said birth cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Meta Powell Signature  
Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of April, 1941.  
(SEAL) Emily Robertson Notary Public, residing at Boise, Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 310006

Local Reg. No.

Reg. Dist. No.

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>CURTIS DUSTIN COREY</b>		2. Date (month) (day) (year) Of Birth <b>OCTOBER 9 1897</b>	
<b>FATHER</b>	3. Color or Race <b>WHITE</b>	4. Sex <b>MALE</b>	5. Place of Birth <b>IDAHO</b>	a. County <b>ADA</b>
	6. Full Name of Father <b>AARON WERT COREY</b>			b. City or Town of Birth <b>MERIDIAN IDAHO</b>
<b>MOTHER</b>	7. State or Country of Father's Birth <b>NEW YORK-YORKTOWN</b>			8. Full Maiden Name of Mother <b>SUSAN OLIVE ELLIS</b>
	9. State or Country of Mother's Birth <b>KANSAS</b>			
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Curtis Dustin Corey</i>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>24 Jan 1953</i>			11. Present Address of Registrant <b>503 VISTA AVENUE BOISE, IDAHO</b>
	12. Signature of Notary <i>W. M. Senovick</i>			13. Notary Commission expires <i>26 May 1956</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Selective Service Record</b>		By whom issued and signed <b>State Headquarters, Boise, Idaho</b>	Date issued <b>2-16-42</b>	Date Orig. Entry <b>2-16-42</b>
	Date of Birth <b>Oct. 9, 1897,</b>	Birth Place <b>Meridian, Idaho</b>	Full Name of Mother <b>Susan Olive Ellis</b>	Name of Father <b>Aaron Wert Corey</b>	
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Child's birth certificate</b>		By whom issued and signed <b>Bureau of Vital Statistics #126415</b>	Date issued <b>5-17-1924</b>	Date Orig. Entry <b>5-17-1924</b>
	Date of Birth <b>26 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother	Name of Father	
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Affidavit by Aunt</b>		By whom issued and signed <b>Meta Powell</b>	Date issued <b>Apr. 25, 1941</b>	Date Orig. Entry
	Date of Birth <b>Oct. 9, 1897,</b>	Birth Place <b>Meridian, Idaho</b>	Full Name of Mother	Name of Father	
<b>QUALIFYING INFORMATION</b>					
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W.</b>		Evidence reviewed by		Date Filed

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



284-119-010239

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

APR 15 1941

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

310057

State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH:**  
(a) County Bonneville (b) City Ucon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 7 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)  
(a) State Idaho (b) County Bonneville  
(c) City Ucon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? EO 7 1/2 yrs.  
(f) Mother's mailing address Dead Ucon Ida.  
3. **RESIDENCE of FATHER** (city, state): Dead Ucon, Ida

4. **FULL NAME OF CHILD** Ernest Leo Shurtliff  
5. Date of Birth (Month, day, year) Sept. 19, 1897  
6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 \_\_\_\_\_ 9. Legitimate Yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

10. **FULL NAME** Luman Elija Shurtliff  
11. Color or Race White 12. Age at time of THIS birth 46 yrs.  
13. Birthplace Harrisville Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farm

16. **FULL MAIDEN NAME** Harriot Louisa Shrong  
17. Color or Race white 18. Age at time of THIS birth 44 yrs.  
19. Birthplace Harrisville Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9  
(c) Born alive and now dead 2 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) April 15-1941 (b) Mabel J. Eder  
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of Idaho  
County of Bannock } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lizzie M. Berrett, being first duly sworn, say that I am related to Ernest Leo Shurtliff as sister (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Josephine Thompson, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Lizzie M. Berrett Signature  
259 Wilson Ave Salt Lake City UT P.O. Address

Subscribed and sworn to before me on this 14th day of April, 1941  
(SEAL) Anna Kelp Clerk of Dist. Court  
residing at Pocatello



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367124 001962

311292

311243

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 61 yrs.  
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD

Harry James Cox

5. Date of Birth

(Month, day, year) February 24,

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Henry P. Cox

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

13. Birthplace New Castle England  
(City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Robinson

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

19. Birthplace Coleville, Utah  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

26. (a) May 9, 1941 (b) Mabel E. Elder  
(Date received) (Attendant's signature)

27. Given name added on \_\_\_\_\_ by Mabel E. Elder  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Robinson Cox, being first duly sworn, say that I am related to Harry James Cox as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Miller (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Anna Robinson Cox Signature

1502 North 7th Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of May, 1941

(SEAL)

Edith H. Church

Notary Public, residing at Boise, Idaho

APR 4 1969

5/9/41 L. B.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238 727 007 553

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 25 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

311256

State File No. ....

Local Reg. No. 43

Reg. Dist. No. 410

1. **PLACE OF BIRTH:**  
(a) County Blaine (b) City Hailey  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home ..... days.  
In **THIS** county 36 years ..... months ..... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Blaine  
(c) City Hailey  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 36 yrs.  
(f) Mother's mailing address Hailey, Idaho
3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Claude Ray Schwamb
5. Date of Birth 8-27-1897  
(Month, day, year)
6. Sex Male 7. Twin or Triplet      If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate Yes

- | FATHER OF CHILD                                  |   | MOTHER OF CHILD  |   |
|--|---|--|---|
| 10. <b>FULL NAME</b> <u>Harry Claude Schwamb</u> | 16. <b>FULL MAIDEN NAME</b> <u>Mary C. Nelson</u> | 11. Color <u>white</u> or Race <u>    </u>   | 17. Color or Race <u>white</u>  |
| 12. Age at time of THIS birth <u>41</u> yrs.     | 18. Age at time of THIS birth <u>36</u> years     | 13. Birthplace <u>San Francisco, California</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Boise Valley Idaho</u><br>(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Carpenter</u>            | 20. Exact Occupation <u>Housewife</u>             | 15. Industry or Business <u>Same</u>   | 21. Industry or Business <u>Home</u>  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3  
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 2P M. on the date above and that personal particulars were furnished by Mary C. Schwamb, who is related to this child as Mother (First name) (Last name)

26. (a) 4-22-1941 (Date received) (b) Robert H. Wright (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. or (D.O., Midwife, etc.)  
and address ..... Date
27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho }  
County of Blaine } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary C. Schwamb, being first duly sworn, say that I am related to Claude Ray Schwamb as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lucy Case, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23d day of April, 1941

(SEAL) Joseph M. Cull Notary Public, residing at Hailey, Idaho

5/1/41 Z.J.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Recorder typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465716 028 863

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 24 1941

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

311293

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH:**  
(a) County.....Boundary..... (b) City.....Porthill.....  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home.....days.  
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State.....Idaho..... (b) County.....Boundary.....  
(c) City.....Porthill.....  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho?.....4.....yrs.  
(f) Mother's mailing address.....Porthill.....
3. **RESIDENCE OF FATHER** (city, state).....Porthill.....

4. **FULL NAME OF CHILD**.....Fred Allen Montgomery.....
5. **Date of Birth**.....Jan. 16, 1897.....  
(Month, day, year).....
6. Sex.....male.....
7. Twin or Triplet.....
- If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy.....9.....
9. Legitimate?.....yes.....

- FATHER OF CHILD**
10. **FULL NAME**.....Thomas Edward Montgomery.....
11. Color or Race.....white.....
12. Age at time of THIS birth.....43.....yrs.
13. Birthplace.....Buchanan Co., Missouri.....  
(City or town).....(State or foreign country).....
14. Exact Occupation.....Farmer.....
15. Industry or Business.....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**.....Artemesa Helme s.....
17. Color or Race.....white.....
18. Age at time of THIS birth.....18.....years
19. Birthplace.....Nodaway Co., Missouri.....  
(City or town).....(State or foreign country).....
20. Exact Occupation.....Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2..... (b) Born alive and now living.....2.....  
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(born alive, stillborn).....  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.).....(First name) (Last name).....

26. (a).....Apr. 24, 1941..... (b).....Mabel T. Greer.....  
(Date received).....(Registrar's signature).....
25. Attendant's **OWN signature**.....M.D. or.....  
(D.O., Midwife, etc.).....  
and address.....Date.....
27. Given name added on.....by.....  
(Registrar's signature).....

State of.....Idaho.....  
County of.....Boundary..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Artemesa Montgomery Green, being first duly sworn, say that I am.....related to.....  
Fred Allen Montgomery.....as.....Mother.....  
(Name of person on certificate above).....(State relationship or acquaintance).....  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....deceased.....and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located).....

Artemesa Montgomery Green Name  
Kootenai, Idaho.....P. O. Address.....

Subscribed and sworn to before me on this.....22.....day of.....April, 1941.....  
(SEAL).....Dallie Brown.....Notary Public, residing at.....Clerk of the District Court,  
Boundary County, Idaho.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141115-025-259

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**FEB CERTIFICATE OF BIRTH**  
STATE OF IDAHO

311852

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH:</b> (a) County <u>Idaho</u> (b) City <u>Westlake</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... days. In THIS county <u>5</u> years <u>10</u> months..... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Westlake</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. (f) Mother's mailing address <u>Westlake, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Harold Quincy Adams</u>		<b>5. Date of Birth</b> (Month, day, year) <u>January 15, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>John Franklin Adams</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>Roseburg, Oregon</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> .....		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth Viola Seifert</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22</u> years <b>19. Birthplace</b> <u>McMinnville, Oregon</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife</u> <b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u> <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>one</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>born alive</u> at <u>5</u> A. M. on the date <u>Feb. 10, 1941</u> and at the place stated above, and that personal particulars were furnished by <u>Elizabeth Viola Adams</u> who is related to this child as <u>Mother</u> . (Mother, etc.) (First name) (Last name)			
<b>26. (a)</b> <u>FEB 10 1941</u> (Date received) <b>(b)</b> <u>Uya A. Bridger</u> (Registrar's signature)		<b>25. Attendant's OWN signature</b> ..... M.D. or (D.O., Midwife, etc.) and address Date	
<b>27. Given name added on</b> ..... by..... (Registrar's signature)			

State of Idaho } ss.  
County of Nez Perce

I, Elizabeth Viola Adams, being first duly sworn, say that I am related to Harold Quincy Adams as Mother.  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John B. Blake, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 15 day of Dec. 1940

(SEAL)

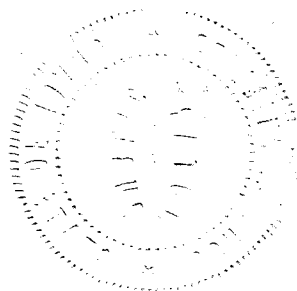
Notary Public, residing at Lewiston, Idaho



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 224 006-259

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
APR 28 1941

CERTIFICATE OF BIRTH  
STATE OF IDAHO

311258

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D. No. \*\*\*  
(d) Name of Hospital or Maternity Home: 8000000  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Idaho Falls  
(d) Street Address or R.F.D. No. 0000  
(e) How long has MOTHER lived in Idaho? 51 yrs.  
(f) Mother's mailing address Clearwater, Idaho  
3. RESIDENCE of FATHER (city, state): Idaho.

4. FULL NAME OF CHILD Elizabeth Smith Brotnov  
6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

5. Date of Birth (Month, day, year) April 24, 1897

8. No. months of Pregnancy Nine 9. Legitimate? Yes.

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME William B. Smith  
11. Color or Race White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

16. FULL MAIDEN NAME Maggie Kerr  
17. Color or Race White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Idaho Falls, Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6  
(c) Born alive and now dead 2 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Apr 28-1941 (Date received) (b) Mary E. Eder (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho  
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie (Kerr) Smith, being first duly sworn, say that I am related to Elizabeth (Smith) Brotnov as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jennet Kerr (Name of attendant at birth), who attended said birth as midwife, is dead and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Maggie (Kerr) Smith Signature  
Clearwater, Idaho P.O. Address

Subscribed and sworn to before me on this 23rd day of April, 1941  
(SEAL) Sampton Taylor Notary Public, residing at Grangeville, Idaho.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235720025453 RECEIVED

311541

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
MAY 3 1941  
CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (a) County <u>Idaho</u> (b) City <u>Whitebird</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>none</u> days. IN THIS county years month days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Whitebird</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs. (f) Mother's mailing address <u>Whitebird</u>	
<b>4. FULL NAME OF CHILD</b> <u>Aaron Benjamin Steele</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		<b>3. RESIDENCE of FATHER</b> (city, state) <u>Idaho</u> 5. Date of Birth (Month, day, year) <u>March 20th, 1897</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
<b>6. Sex</b> <u>Male</u> <b>FATHER OF CHILD</b> 10. FULL NAME <u>Bennett Steele</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Toronto Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Store Keeper and Rancher</u> 15. Industry or Business <u>Business &amp; Farming</u>		<b>MOTHER OF CHILD</b> 16. FULL MAIDEN NAME <u>Gertrude Delmage</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Cannon Creek Penn.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>do not know</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>2</u> (d) Stillborn <u>2</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>1:30</u> <u>PM</u> on the date <u>May 3-1941</u> and at the place stated above, and that personal particulars were furnished by <u>Gertrude Steele</u> (Mother, etc.) (First name) (Last name) who is related to this child as <u>mother</u>			
26. (a) <u>May 3-1941</u> (Date received) (b) <u>Maui I. Fisher</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name added on _____ by _____ (Registrar's signature)			

State of CALIFORNIA  
County of SAN FRANCISCO ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude Wells, being first duly sworn, say that I am related (Related to (or) acquainted with) Aaron Benjamin Steele as mother whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hallbrook (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Gertrude Wells Signature  
433-3rd St. SAN FRANCISCO P. O. Address  
CALIFORNIA 1941

Subscribed and sworn to before me on this 4th day of April, 1941.  
 (SEAL) Notary Public Notary Public, residing at SAN FRANCISCO

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-203029 363

311547

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
MAY 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 1407  
Reg. Dist. No. 201

<b>1. PLACE OF BIRTH</b> (a) County <u>Latah</u> (b) City <u>Arvon</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>12</u> years <u>6</u> month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Arvon</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs. (f) Mother's mailing address <u>Arvon</u>	
<b>4. FULL NAME OF CHILD</b> <u>Uda Rose Bower</u>		<b>5. Date of Birth</b> (Month, day, year) <u>Dec. 3, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9mo.</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William A. Bower</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>27</u> yrs. <b>13. Birthplace</b> <u>Reading, Penn.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Gennie A. Cole</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs. <b>19. Birthplace</b> <u>Strawberry Point, Iowa</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>yes</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.) <b>26. (a)</b> <u>4-27-41</u> (Date received) <b>(b)</b> <u>W. A. Bower</u> (Registrar's signature) <b>27. Given name added on</b> _____ <b>by</b> _____ (Registrar's signature)			
State of <u>Idaho</u> County of <u>Latah</u> } ss.		<b>25. Attendant's OWN signature</b> _____ M.D. and address _____ (D.O., Midwife, etc.) Date _____	

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Jennie A. Bower, being first duly sworn, say that I am related to Uda Rose Bower as Mother (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hawkma (Name of attendant at birth) \_\_\_\_\_, who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Jennie A. Bower Signature  
Arvon Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of April, 1941  
Martin S. Mueky Notary Public, residing at Arvon Idaho  
 (SEAL)

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-114.001468

311612

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
 Department of Commerce MAY 7 1941 CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
 Bureau of Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County \_\_\_\_\_ (b) City Boise  
 (c) Street Address or R.F.D. No. RFD No 1  
 (d) Name of Hospital or Maternity Home: NONE. BORNE ON A FARM  
 (e) Mother's stay BEFORE delivery:  
 In Hosp. or Mat. Home. \_\_\_\_\_ days.  
 IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
 (a) State Idaho (b) County \_\_\_\_\_  
 (c) City Boise  
 (d) Street Address or R.F.D. No. RFD No 1  
 (e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
 (f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD MAHLON CHARLES NEVILLE 5. Date of Birth (Month, day, year) OCT. 14 - 1897  
 6. Sex MALE 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
 8. No. months of Pregnancy 9 MO 9. Legitimate? YES

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME HENRY WAYNE NEVILLE 16. FULL MAIDEN NAME ELLA MAY JOHNSON  
 11. Color or Race WHITE 12. Age at time of THIS birth 43 yrs. 17. Color or Race WHITE 18. Age at time of THIS birth 25 yrs.  
 13. Birthplace PLAT. CO. MISSOURI (City or town) (State or foreign country) 19. Birthplace SALT LAKE CITY, UTAH (City or town) (State or foreign country)  
 14. Exact Occupation LABORER 20. Exact Occupation HOUSE WIFE  
 15. Industry or Business \_\_\_\_\_ 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
 (c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_  
 and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) May 7, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)  
 27. Given name added on \_\_\_\_\_ by Mabel F. Elder (Registrar's signature) 25. Attendant's OWN signature \_\_\_\_\_ (D.O., Midwife, etc.)  
 and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.  
 County of King

I, Ella May Neville, being first duly sworn, say that I am mother (Related to (or) acquainted with)  
Mahlon Charles Neville as son (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_ (Name of attendant at birth), who attended

said birth deceased and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of May 1941  
 (SEAL) \_\_\_\_\_ Signature \_\_\_\_\_  
 \_\_\_\_\_ 7135-38th S.W., Seattle, Wash. P. O. Address \_\_\_\_\_  
 \_\_\_\_\_ Notary Public, residing at Seattle



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-223-019-249

RECEIVED

United States  
Department of Commerce  
Bureau of Census

MAY 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311644**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County <u>Custer</u> (b) City <u>Huston</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>6</u> days. IN THIS county _____ years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Huston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>26</u> yrs. (f) Mother's mailing address <u>Colville, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Hazel Mary Franklin</u> Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		<b>3. RESIDENCE of FATHER</b> (city, state) <u>Huston, Idaho</u> 5. Date of Birth (Month, day, year) <u>Dec, 23 1897</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
<b>6. Sex</b> <u>female</u> <b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Jacob Manning Franklin</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>51</u> yrs. <b>13. Birthplace</b> <u>Yancey Co North Carolina</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b> <u>farming</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Elizabeth Smith</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>40</u> yrs. <b>19. Birthplace</b> <u>Rock Island Co., Ill.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>house wife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____ <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>12</u> (b) Born alive and now living <u>9</u> (c) Born alive and now dead <u>3</u> (d) Stillborn <u>none</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
<b>26. (a)</b> <u>May 8-1941</u> (Date received) <b>(b)</b> <u>Mabel F. Fisher</u> (Registrar's signature)		<b>25. Attendant's OWN signature</b> _____ M.D. _____ (D.O., Midwife, etc.) and address _____ Date _____	
<b>27. Given name added on</b> _____ by _____ (Registrar's signature)			

State of Washington }  
County of Stevens } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Elizabeth Franklin, being first duly sworn, say that I am related Hazel May Franklin as mother (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thompson (Name of attendant at birth) said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mary Elizabeth Franklin Signature  
Colville, Washington P. O. Address

Subscribed and sworn to before me on this 18th day of April, 19 41

(SEAL) F. E. Trinitario Notary Public, residing at Colville Wash.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-107-025-289

United States  
Department of Commerce  
Bureau of the Census

MAY 8

(Be sure the information is as of date of birth of THIS child)

1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

311653

## 1. PLACE OF BIRTH:

(a) County Idaho (b) City Grangeville

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county years month days.

## 4. FULL NAME OF CHILD

ZELMER ALBERT SEAY

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy Normal

9. Legitimate? Yes

5. Date of Birth (Month, day, year) Apr 7, 1897

## FATHER OF CHILD

10. FULL NAME John A. Seay

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Benton Co., Ark.

(City or town)

(State or foreign country)

14. Exact Occupation Farmer—Now Deceased

15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Glora A. Shinkle

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Marshall Co., Iowa

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by (born alive, stillborn)

related to this child as (First name) (Last name), who is

(Mother, etc.)

26. (a) May 8, 1941 (Date received)

(b) Mabel F. Elder (Registrar's signature)

25. Attendant's

OWN signature

M.D. (D.O., Midwife, etc.)

27. Given name added on

by Mabel F. Elder (Registrar's signature)

and address

Date

State of Idaho

County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Glora A. Seay, being first duly sworn, say that I am related to Zelmer Albert Seay as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that persons (Name of attendant at birth), who attended said birth are deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Glora A. Seay Signature  
Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of April, 19 41

(SEAL)

Charles Campbell

Notary Public, residing at Grangeville Id.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-107.025-289

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311654**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County Idaho (b) City Grangeville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 45 years \_\_\_\_\_ month \_\_\_\_\_ days.

4. FULL NAME OF CHILD ELMER ALFRED SEAY

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd First

## FATHER OF CHILD

10. FULL NAME John A Seay  
11. Color or Race White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Benton Co. Ark.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Woodshed

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Grangeville  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address Grangeville Idaho

3. RESIDENCE of FATHER (city, state) Grangeville

5. Date of Birth (Month, day, year) Apr. 7-1897

8. No. months of Pregnancy Normal 9. Legitimate? Yes

## MOTHER OF CHILD

16. FULL MAIDEN NAME Clora A. Shinkle  
17. Color or Race White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Marshall Co. Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) May 8, 1941 (b) Mabel F. Elder  
(Date received) (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by Mabel F. Elder  
(Registrar's signature)

State of Idaho } ss.  
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clora A. Seay, being first duly sworn, say that I am related to \_\_\_\_\_ (Related to (or) acquainted with)  
Elmer Alfred Seay as mother \_\_\_\_\_, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that persons \_\_\_\_\_, who attended said birth are deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Mrs. Clora A. Seay Signature  
Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of April, 1941

(SEAL)

William Campbell Notary Public, residing at Grangeville Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-213-014439

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **311701**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County <u>Canyon</u> (b) City <u>Hampan</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. .... days. In THIS county <u>3</u> years <u>9</u> months <u>15</u> days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Hampan</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address <u>R. 2, 1/4</u>	
<b>4. FULL NAME OF CHILD</b> <u>Margaret Marie Karcher</u>		<b>5. Date of Birth</b> <u>July 13, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>female</u> <b>7. Twin or Triplet</b> <u>No</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>			
<b>10. FULL NAME of FATHER of CHILD</b> <u>George Liffinscott Karcher</u>		<b>16. FULL MAIDEN NAME of MOTHER of CHILD</b> <u>Elizabeth Janet McRobbie</u>	
<b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>35</u> yrs.		<b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>27</u> years	
<b>13. Birthplace</b> <u>Philadelphia, Pa.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Brooklyn, New York</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> .....		<b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>1</u> (d) Stillborn .....			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)			
<b>26. (a)</b> <u>May 12, 1941</u> <b>(b)</b> <u>Malcolm E. Keeler</u> (Date received) (Registrar's signature)		<b>25. Attendant's OWN signature</b> ..... M.D. or ..... (D.O., Midwife, etc.)	
<b>27. Given name added on</b> ..... by ..... (Registrar's signature)		<b>and address</b> ..... Date .....	

State of Idaho } ss.  
County of Canyon }  
I, George L. Karcher, being first duly sworn, say that I am related to Margaret Marie Karcher as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Karcher, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

George L. Karcher Name  
1515 9th St. So - Hampan, Idaho P. O. Address  
10th day of August - 1940

Subscribed and sworn to before me on this 10th day of August - 1940  
Notary Public, residing at Hampan, Idaho

OFFICE OF THE CLERK OF THE SUPREME COURT  
STATE OF IDAHO  
BOISE, IDAHO  
EXPIRES AUG. 4TH, 1941



SEP 4 1975

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

794-108-022-693

311712

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

CERTIFICATE OF BIRTH  
STATE OF IDAHO

MAY 12 1941

<b>1. PLACE OF BIRTH</b> (a) County <u>Fremont</u> (b) City <u>Lewisville</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Lewisville</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>9</u> yrs. (f) Mother's mailing address _____	
<b>4. FULL NAME OF CHILD</b> <u>John Wilford Giddins</u>		<b>3. RESIDENCE of FATHER</b> (city, state) <u>same</u>	
<b>6. Sex</b> <u>male</u>		<b>8. No. months of Pregnancy</b> _____	
<b>7. Twin or Triplet</b> _____		<b>9. Legitimate?</b> <u>yes</u>	
<b>10. FULL NAME</b> <u>John William Giddins</u>		<b>16. FULL MAIDEN NAME</b> <u>Agnes Wilson</u>	
<b>11. Color or Race</b> <u>W</u>		<b>17. Color or Race</b> <u>W</u>	
<b>12. Age at time of THIS birth</b> <u>28</u> yrs.		<b>18. Age at time of THIS birth</b> <u>38</u> yrs.	
<b>13. Birthplace</b> <u>London England</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Douglas, Ontario Canada</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer.</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> <u>True home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
<b>24. I HEREBY CERTIFY</b> That <del>attended</del> the birth of this child, who was <u>born alive</u> at _____ P. M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>John W. Giddins</u> , who is related to this child as <u>Father</u> (First name) (Last name) (Mother, etc.)			
<b>26. (a)</b> <u>MAY 12 1941</u> (Date received)		<b>(b)</b> <u>Malcol J Elder</u> (Registrar's signature)	
<b>27. Given name added on</b> _____ by _____ (Registrar's signature)		<b>25. Attendant's OWN signature</b> _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	

State of Utah  
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John William Giddins, being first duly sworn, say that I am related (Related to (or) acquainted with)  
John Wilford Giddins as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that cannot remember (Name of attendant at birth), who attended said birth unknown address and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

John W Giddins Signature  
1920 W B South P. O. Address  
7 day of april 19 41  
Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
(SEAL) Elizabeth Goodman Notary Public, residing at Salt Lake City

610. 5/13/41. W.D.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

689-208-040-667 RECEIVED

United States  
Department of Commerce  
Bureau of the Census

MAY 13 1941

(Assure the information is complete and accurate)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

311851

State File No. \_\_\_\_\_  
Local Reg. No. 121  
Reg. Dist. No. 140

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Wallace  
(c) Street Address or R.F.D. No. 301 - Cedar  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 6 years \_\_\_\_\_ months \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Shoshone  
(c) City Wallace  
(d) Street Address or R.F.D. No. 301 Cedar  
(e) How long has MOTHER lived in Idaho? 50 yrs.  
(f) Mother's mailing address (For registration notice):  
\_\_\_\_\_  
(Street or R. F. D.) (Postoffice)

4. FULL NAME OF CHILD

Mary Jane White

5. Date of Birth Apr-8-1897  
(Month, day, year)

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME Henry White  
11. Color or Race White 12. Age at time of THIS birth 38 yrs.  
13. Birthplace Broxville Ontario Canada  
(City or Town) (State or foreign country)  
14. Exact Occupation merchant  
15. Industry or Business The White & Bender Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Maudie Blanche Fox  
17. Color or Race White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Canton Ohio  
(City or Town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at 3:32 P. M. on the date \_\_\_\_\_  
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by 7 \_\_\_\_\_, who is  
(First name) (Last name)

related to this child as \_\_\_\_\_  
(Mother, etc.)

26. (a) May-3-41 (b) Johna Brown  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's Signature)

25. Attendant's OWN signature: [Signature] M.D.  
(D.O., Midwife, etc.)

and address: Bessie Wash Date Apr 30-41

APR 21 1942

**REGISTRATION OF BIRTHS**  
**LOCAL REGISTRATION OF BIRTHS**

**SEC. 38-213.** All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

**SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES.** It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

**SEC. 38-215. CERTIFICATES OF BIRTH.** The certificate of birth shall be filled out as per blanks for that purpose.

**SEC. 38-223. \* \* \* \* \***, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

**MEDICAL REPORT**  
(Not for certified copies)

(a) Pregnancy: Complications of..... ..... .....	(d) Did baby have any: (1) Congenital Malformation?..... Describe: .....
(b) Labor: Complications: .....	(2) Birth Injury? .....
.....	Describe: .....
..... Induced?.....	(3) Was mother given a Wasserman before delivery? .....
(c) Was there an operation for delivery?.....	(4) Signature of Physician: .....
State all operations:.....	
.....	

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Shoshone } SS.

Certificate No. - 311851  
Date Filed 5-12-42

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Mary Jane White who Born on April - 8 - 1898  
(NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH)  
in Wallace Idaho are erroneous or were omitted; and that to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by Confirmation Record prepared on June - 13 - 1940, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**  
(AS ON ORIGINAL)  
1897

**TO**  
(THE CORRECT FACTS)  
1898

Subscribed and sworn to before me this 12<sup>th</sup>  
day of May, 1942  
Sh. Gluman

Notary Public, residing at Wallace Idaho

My commission expires Dec 11 - 1943  
(SEAL)

Signed Estelle Trask  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
310 Cedar Wallace Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Shoshone } SS.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12<sup>th</sup>  
day of May, 1942  
Sh. Gluman

Notary Public, residing at Wallace Idaho

My commission expires Dec 11 - 1943  
(SEAL)

Signed James R Bean  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Senior Warden Holy Trinity Church  
Wallace Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on May - 13 - 1942 By John A. Bean Local Registrar  
(REGISTRAR'S SIGNATURE)

ATTEST TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ELECTION

May 1942

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

10. The Committee is of the opinion that the Government of the United States should take steps to ensure that the information it receives from the Central Intelligence Agency is not used for the purpose of identifying and locating individuals who are not the subject of the investigation.

\_\_\_\_\_

100% NO MORE BASTARD (REPEATED) 100% NO MORE BASTARD (REPEATED) 100% NO MORE BASTARD (REPEATED)

..... 01

RECEIVED

CT

1. "WHITE DATA" (CAUSE OF DEATH, ETC.)

\*\*\*\*\*

[illegible]

11-11-61

100-443887-100

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

(UNCLASSIFIED) DATE 08-12-2009 BY [REDACTED]

.....

... ..

RECEIVED 10/10/1964

RECEIVED 22 JUL 1964 10 00

CONFIDENTIAL

10-11-68

NOT RECORDED AT THE NATIONAL ARCHIVES

[illegible]

100-443887-100

.....

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them. The list includes names such as "John A. Smith", "John B. Smith", "John C. Smith", "John D. Smith", "John E. Smith", "John F. Smith", "John G. Smith", "John H. Smith", "John I. Smith", "John J. Smith", "John K. Smith", "John L. Smith", "John M. Smith", "John N. Smith", "John O. Smith", "John P. Smith", "John Q. Smith", "John R. Smith", "John S. Smith", "John T. Smith", "John U. Smith", "John V. Smith", "John W. Smith", "John X. Smith", "John Y. Smith", and "John Z. Smith".

10-10-68

100-443888-100

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695 221 029 754

311861

United States  
Department of Commerce  
Bureau of Census

MAY 5 1941

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No. 2044

<b>1. PLACE OF BIRTH</b> (a) County <u>Latah</u> (b) City <u>Troy</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>2</u> years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>Troy Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Ruth Emelia Fredman</u>		<b>3. RESIDENCE of FATHER</b> (city, state) <u>Troy Idaho</u>	
<b>6. Sex</b> <u>F.</u>		<b>5. Date of Birth</b> (Month, day, year) <u>Nov. 21, 1897</u>	
<b>7. Twin or Triplet</b> _____		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>9. Legitimate?</b> <u>yes</u>			
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Emil Fredman</u>		<b>16. FULL MAIDEN NAME</b> <u>Augusta Anderson</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>31</u> yrs.		<b>18. Age at time of THIS birth</b> <u>31</u> yrs.	
<b>13. Birthplace</b> <u>Ljung Sweden</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Herrljunga Sweden</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living _____ (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Augusta Fredman, who is related to this child as Mother (First name) (Last name)

<b>26. (a) <u>May 1, 1941</u></b> (Date received)		<b>(b) <u>Earl Alden, Sr.</u></b> (Registrar's signature)	
<b>27. Given name added on _____ by _____</b> (Registrar's signature)		<b>25. Attendant's OWN signature</b> <u>deceased</u> M.D. _____ (D.O., Midwife, etc.) and address _____ Date _____	

State of Idaho } ss.  
County of Latah

I, Augusta Fredman, being first duly sworn, say that I am related to Ruth Emelia Fredman as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Augusta Fredman Signature  
Troy Ida. P. O. Address  
Subscribed and sworn to before me on this 2 day of May, 1941  
(SEAL) A. Broche Notary Public, residing at Troy Ida.



JUN 23 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 101 036 412

311878

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH**  
(a) County Oneida (b) City Malad  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 25 years \_\_\_\_\_ month \_\_\_\_\_ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Malad  
(d) Street Address or R.F.D. No. 1  
(e) How long has **MOTHER** lived in Idaho? 25 yrs.  
(f) Mother's mailing address Malad, Idaho

4. **FULL NAME OF CHILD** William Thorpe  
6. Sex Male  
7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE of FATHER** (city, state) Idaho  
5. Date of Birth (Month, day, year) 1-1-1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Joseph Thorpe  
11. Color or Race Wh Am 12. Age at time of THIS birth 55 yrs.  
13. Birthplace Manchester England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Mason  
17. Color or Race Wh Am 18. Age at time of THIS birth 45 yrs.  
19. Birthplace Warringtonshire Wales  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Horsekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8  
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1AM M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mary Thorpe, who is related to this child as mother (Mother, etc)

26. (a) MAY 16 1941 (b) Mary J. Fisher  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's **OWN** signature \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho  
County of Oneida } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ephraim Thorpe, being first duly sworn, say that I am related to (Related to (or) acquainted with)  
William Thorpe (Thorpe) as brother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Morse (Name of attendant at birth), who attended said birth now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Ephraim Thorpe Signature  
Malad, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of May, 1941  
(SEAL) [Signature] Notary Public, residing at Malad, Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States  
Department of Commerce  
Bureau of the Census

RECEIVED (Be sure the information is as of date of birth of THIS child)

State File No. **313005**

Local Reg. No. **188**

Reg. Dist. No. **121**

MAY 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

<b>1. PLACE OF BIRTH:</b> (a) County <u>HOOTENAI</u> (b) City <u>—</u> (c) Street Address or R.F.D. No. <u>Spokane Bridge, Wash.</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>—</u> days. In THIS county <u>5</u> years month <u>—</u> days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>HOOTENAI</u> (c) City <u>—</u> (d) Street Address or R.F.D. No. <u>—</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. (f) Mother's mailing address <u>Spokane Bridge, Wash.</u>	
<b>4. FULL NAME OF CHILD</b> <u>ELVIN HEARINE</u>		<b>5. Date of Birth</b> (Month, day, year) <u>OCT. 30, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>no</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>HIRAM HEARINE</u>		<b>16. FULL MAIDEN NAME</b> <u>Emmaline HODGES</u>	
<b>11. Color or Race</b> <u>W</u>		<b>17. Color or Race</b> <u>W</u>	
<b>12. Age at time of THIS birth</b> <u>38</u> yrs.		<b>18. Age at time of THIS birth</b> <u>38</u> yrs.	
<b>13. Birthplace</b> <u>MISSOURI</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>CALIFORNIA</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Own Farm</u>		<b>21. Industry or Business</b> <u>Own Home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>8</u> (c) Born alive and now dead <u>2</u> (d) Stillborn			

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date — and at the place stated above, and that personal particulars were furnished by —, who is related to this child as — (First name) (Last name)

26. (a) 5-21-41 (Date received) (b) W. H. Newcombe, M.D. (Registrar's signature)  
27. Given name added on Deputy by Fay P. Thomas (Registrar's signature)  
25. Attendant's OWN signature — M.D. (D.O., Midwife, etc.)  
and address — Date —

State of Idaho County of Hootenai ss.  
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Fred Knabel, being first duly sworn, say that I am related to Elvin Hearine as elder sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. H. Harrison, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Fred Knabel Signature  
Elmo Washington P.O. Address

Subscribed and sworn to before me on this 21 day of May, 1941  
(SEAL) J. A. Foster Ex-Officio Auditor and Recorder, Public, residing at —  
By J. A. Foster

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C.C. 5/31/41. W.H.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

539-208-016-669

313037

United States  
Department of Commerce  
Bureau of Census

RECEIVED  
Give the information as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
MAY 26 1941  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH**  
(a) County Cassia (b) City Oakley  
(c) Street Address or R.F.D. No. 435 Main  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days
2. **USUAL RESIDENCE of MOTHER** (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Oakley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 15 yrs.  
(f) Mother's mailing address Oakley, Idaho
3. **RESIDENCE of FATHER** (city, state) Oakley Idaho

4. **FULL NAME OF CHILD** Maude Oleah Elison
5. Date of Birth (Month, day, year) July 8, 1897
6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? \_\_\_\_\_

- FATHER OF CHILD**
10. **FULL NAME** Charles Gustava Elison
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Sweden  
(City or town) (State or foreign country)
14. Exact Occupation Stockman & Farmer
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Melinda Worthington
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Grantsville Utah  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) May 26-1941 (Mother, etc.) (b) Mabel K. Elison (Registrar's signature)
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)
25. Attendant's **OWN signature** \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Cassia

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary M. Elison, being first duly sworn, say that I am Mother (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. U.J. McBride Midwife (Name of attendant at birth) \_\_\_\_\_ is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 22 day of May, 1941

(SEAL)

C. J. Larson Notary Public, residing at \_\_\_\_\_, Cassia County, Idaho  
My Commission expires Jan. 6, 1942

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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576-226-037-239

313045

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

MAY 24 1941

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County OWYHEE (b) City HOT SPRINGS  
(c) Street Address or R.F.D. No. NONE  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County OWYHEE  
(c) City HOT SPRINGS  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 16 yrs.  
(f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD EUGENE MALCOLM NAFFIE

5. Date of Birth (Month, day, year) JULY 26-1897

6. Sex \_\_\_\_\_ 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ROBERT JOHN NAFFIE

11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs.

13. Birthplace HOBOKEN NEW JERSEY  
(City or town) (State or foreign country)

14. Exact Occupation SALES MAN

15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA MAY STRICKLAND

17. Color or Race WHITE 18. Age at time of THIS birth 25 yrs.

19. Birthplace NEVADA CITY MISSOURI  
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) MAY 24 1941 (Mother, etc.)  
(Date received) (b) Malcolm E. Ebel  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of CALIFORNIA  
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ROBERT JOHN NAFFIE, being first duly sworn, say that I am RELATED TO  
EUGENE MALCOLM NAFFIE as FATHER (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS MASTERS, who attended said birth IS NOW DECEASED (Name of attendant at birth) and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 1941 day of May 19 41  
(SEAL) Alvin Johnson NOTARY PUBLIC, residing at Los Angeles, Cal.  
My Commission Expires November 7, 1941. In and for the County of Los Angeles, State of California



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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968-10-016-453

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
MAY 31 1941  
STATE OF IDAHO

313121  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH  
(a) County Cassia (b) City Almo  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: no  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county no years \_\_\_\_\_ month \_\_\_\_\_ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Almo  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 1 mo yrs.  
(f) Mother's mailing address.
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Joseph Lorenzo Rohwer  
5. Date of Birth (Month, day, year) Aug 1st, 1897.  
6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD  
10. FULL NAME Fredrick F. Rohwer  
11. Color or Race white 12. Age at time of THIS birth 28 yrs.  
13. Birthplace E.T. City, Toole Utah  
(City or town) (State or foreign country)  
14. Exact Occupation laborer  
15. Industry or Business same
- MOTHER OF CHILD  
16. FULL MAIDEN NAME Emma Elizabeth Mecham  
17. Color or Race white 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Grantsville, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) May 31-1941 (Date received) (b) Malvin G. Eder (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_  
(Registrar's signature)

State of Idaho  
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma E. Rohwer, being first duly sworn, say that I am related to  
Joseph Lorenzo Rohwer as I am his mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Storey, who attended said birth is deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 29 day of May, 1941  
(SEAL) Barbara A. Remond Notary Public, residing at Rigby, Idaho.  
Signature Emma E. Rohwer  
P. O. Address Rigby Idaho

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of Census

815-115-003-353  
MAY 28 1941  
CERTIFICATE OF BIRTH  
STATE OF IDAHO

313161  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH  
(a) County Bannock (b) City Minkcreek  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Minkcreek  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 14 yrs.  
(f) Mother's mailing address Pathway
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leo Hansen
5. Date of Birth (Month, day, year) March 15, 1897
6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 12 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Nelse Christian Hansen
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Denmark (City or town) Nyrup (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business country
- MOTHER OF CHILD
16. FULL MAIDEN NAME Margarett Nelson
17. Color or Race white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Denmark (City or town) \_\_\_\_\_ (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 12  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) MAY 28 1941 (Date received) (b) Malvin Z. Zinck (Registrar's signature)
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)
25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Utah }  
County of Box Elder } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nelse Christian Hansen, being first duly sworn, say that I am -father related to  
Leo Hansen as father (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Zinck, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

\_\_\_\_\_  
Signature  
Brigham, Utah P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me on this 28th day of May, 1941  
(SEAL) Merlin A. Lewis Notary Public, residing at \_\_\_\_\_  
County Clerk PROTEM

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-20-030-367

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313244**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County <u>Lemhi</u> (b) City <u>Junction</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Junction</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>17</u> yrs. (f) Mother's mailing address <u>Junction</u>	
<b>4. FULL NAME OF CHILD</b> <u>Paul Rhodine Lipe</u>		<b>5. Date of Birth</b> (Month, day, year) <u>June 1<sup>st</sup> 1897</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> _____ <b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Charlie Oscar Lipe</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>30</u> yrs. <b>13. Birthplace</b> <u>St Johns Ill</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Laborer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Golden Daisy Bottom</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>20</u> yrs. <b>19. Birthplace</b> <u>Sparta Ill</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____ <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) June 5, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)  
 27. Given name added on \_\_\_\_\_ by Mabel F. Elder (Registrar's signature)  
 25. Attendant's OWN signature \_\_\_\_\_ (D.O., Midwife, etc.)  
 and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
 County of Ada } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy Lipe, being first duly sworn, say that I am related to Pearl Rhodine Lipe (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rachmine Dunsing (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Daisy Lipe Signature  
Fifert, Idaho P. O. Address

Subscribed and sworn to before me on this 5<sup>th</sup> day of June, 1941  
 (SEAL) Burbara Mocken Notary Public, residing at Boise, Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-123-001 449

313328

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Barnard St</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>18</u> years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>Barnard St</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs. (f) Mother's mailing address: _____	
<b>4. FULL NAME OF CHILD</b> <u>Glenwood Edgar Leininger</u>		<b>3. RESIDENCE of FATHER</b> (city, state) <u>same</u>	
<b>6. Sex</b> <u>male</u>		<b>5. Date of Birth</b> (Month, day, year) <u>May 23, 1897</u>	
<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>9. Legitimate?</b> <u>yes</u>			
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Jacob O. Leininger</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>29</u> yrs. <b>13. Birthplace</b> <u>Merces County Ohio</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Harness Maker</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Helen E. Durbee</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>18</u> yrs. <b>19. Birthplace</b> <u>Buck New Hampshire</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>yes</u> (c) Born alive and now dead _____ (d) Stillborn _____			

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

**26. (a)** \_\_\_\_\_ (Date received) **(b)** Mabel F. Elder (Registrar's signature)  
**27. Given name added on** \_\_\_\_\_ by Mabel F. Elder (Registrar's signature)  
**25. Attendant's OWN signature** \_\_\_\_\_ (D.O., Midwife, etc.)  
 and address \_\_\_\_\_ Date \_\_\_\_\_

State of Oregon } ss.  
 County of Matthomah }  
WE, Jacob Leininger, Helen E. Leininger, being first duly sworn, say that our father and mother respectively of Glenwood Edgar Leininger (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Haley and Mrs. Leininger (Name of attendant at birth) who attended said birth are now deceased and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Jacob O. Leininger, Helen E. Leininger Signature  
5805 S. W. KELLEY AVE Portland, Oreg. P. O. Address

Subscribed and sworn to before me on this 3rd day of June 1944  
L. V. Simonson NOTARY PUBLIC FOR OREGON, Notary Public, residing at Portland, Oreg.  
 MY COMMISSION EXPIRES MAR. 17, 1944



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

951120-044-396

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313337**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Washington (b) City Midvale  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery: at home  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 21 years 11 month 26 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington  
(c) City Midvale  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 36 yrs.  
(f) Mother's mailing address Midvale

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Marion Berry Reavis

6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

FATHER OF CHILD

10. FULL NAME Charles Taliaferro Reavis

11. Color White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Little Rock, Arkansas  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10  
(c) Born alive and now dead 2 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Mary Crowell Hopper, who is related to this child as aunt (First name) (Last name)

26. (a) June 5-1941 (Mother, etc.) (b) Allen E Elder (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabel Eunice Crowell

17. Color White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Green County, Wisconsin  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business \_\_\_\_\_

25. Attendant's OWN signature \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of California } ss.  
County of Riverside

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Crowell Hopper, being first duly sworn, say that I am Related to (Related to (or) acquainted with)  
Marion Berry Reavis as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Allen Reavis (Name of attendant at birth), who attended said birth, is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of May, 1941  
(SEAL) W. H. Fletcher Notary Public, residing at Riverside, Calif.

In and for the County of Riverside, State of California

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313349

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

259 125-029 693

## AFFIDAVIT OF BIRTH

313349

For Use in Cases Where Certificates of Birth Cannot Be Supplied

## 1. PLACE OF BIRTH

State of ~~Washington~~ Idaho

DO NOT WRITE IN THIS SPACE

County of Latah

## Department of Health

City or town of Tray

VITAL STATISTICS

## 2. Full name of child

Joseph Glen Kerns

All Data Used in This Affidavit Must Be as of Date of Birth of This Child

## 3. Sex

MaleIf plural  
births4. Twin, triplet,  
or other —  
5. Number in  
order of birth —6. Premature —Full term Yes7. Legiti-  
mate? Yes8. Date of  
birth March 25, 1897  
(Month, day, year)9. Father's  
full nameJacob Newton Kerns10. Father's residence  
at time of this  
child's birthTray - Idaho11. Father's color  
or raceWhite12. Father's age at last  
birthday before  
child's birth 37 (Years)13. Father's birthplace  
(City or place)  
(State or country)Missouri14. Father's occupa-  
tion at time of  
child's birthFarmer15. Mother's  
full  
maiden  
nameJosie Evelyn Williams16. Mother's residence  
at time of this  
child's birthTray Idaho17. Mother's color  
or raceWhite18. Mother's age at last  
birthday before  
child's birth 17 (Years)19. Mother's birthplace  
(City or place)  
(State or country)Illinois20. Mother's occupa-  
tion at time of  
child's birthHousewifeNumber of children of this mother None /  
(At the time of this birth and including this child.)Number of children now living 1  
(At the time of this birth and including this child.)Dr. Peter Seallan

(Name of attending physician)

AFFIDAVIT OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, NEAREST RELATIVE OR OTHER  
PERSON HAVING KNOWLEDGE OF THE FACT OF THIS BIRTHState of WashingtonCounty of Clark

ss.

Josie Kerns Church, being first duly sworn upon oath deposes and says that She  
is related to Jacob Glen Kerns as Mother; and~~Kerns~~ (Person for whom affidavit is made)

(Parent, attending physician, etc.)

that the statements contained in the foregoing Affidavit of Birth are true and correct, as affiant is informed  
and verily believes.

(Signed)

Josie Kerns Church

(Address)

Route #5, Box 232 Vancouver, Wash.

[SEAL]

Subscribed and sworn to before me, a notary public in and for said county and state, this 6th day ofJUNE1941

My commission expires

February 27, 1945

Do Not Write Below This Line

Notary Public.

Filed

June 12

1941

Mary E. Eifer

State Registrar.

By

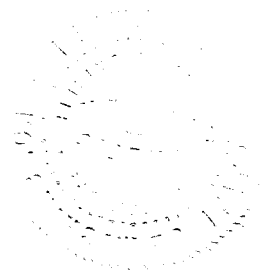
(OVER)

## Instructions for Making Out Affidavit of Birth

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1. This form is to be used in recording a birth which occurred in the State of Washington, and was not registered as required by law.
2. All information furnished in this affidavit must be as of date of birth of the child. Be sure that the AGES OF THE FATHER AND MOTHER, residence, etc., are given as they were at the time of this birth.
3. Fill in EVERY entry on the certificate. If the information cannot be supplied, the word UNKNOWN must appear.
4. In case the attending PHYSICIAN is dead, either PARENT, nearest RELATIVE, or other PERSON having knowledge of the facts of the birth may sign the affidavit before a Notary Public. Such person must be old enough to be personally familiar with the facts stated.
5. Return completed affidavit to the STATE DEPARTMENT OF HEALTH, Smith Tower, Seattle, Washington, for proper filing.
6. Affidavit should be filled in either with ink or typewriter. DO NOT USE PENCIL.
7. Births which occurred inside the city limits of Seattle, Spokane or Tacoma must be registered in duplicate. Prepare two original Affidavits.

NOTE: A certified copy of the completed affidavit may be obtained by forwarding with the affidavit postal money order for fifty cents (\$0.50), payable to the order of "State Department of Health." Stamps not accepted.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281 209 029 434

313384

United States  
Department of Commerce  
Bureau of Census

JUN 9 1941

RECEIVED Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 3 years month days

4. FULL NAME OF CHILD

Gwenith May Vivian Shaw

6. Sex

Female

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No. Unknown  
(e) How long has MOTHER lived in Idaho? 3 yrs.  
(f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state) Moscow, Idaho

FATHER OF CHILD

10. FULL NAME

Hugh Shaw

11. Color or Race

White

12. Age at time of THIS birth. 30 yrs.

13. Birthplace

Unknown

(City or town) (State or foreign country)

14. Exact Occupation

Laborer

15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUN 9 1941 (b) Margaret E. Eeder  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's

OWN signature

(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington  
County of Chelan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Julia Van Slate, being first duly sworn, say that I am Related to Gwenith May Vivian Shaw as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watson (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Julia Van Slate Signature  
Mary M. M. Wash P. O. Address

Subscribed and sworn to before me on this 5th day of June, 1941

(SEAL)

Margaret E. Eeder Notary Public, residing at Wenatchee, Wash.  
AUDITOR CHELAN COUNTY

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 128 044-318  
 United States (Be sure the information is as of date of birth of THIS child)  
 Department of Commerce  
 Bureau of the Census  
 JUN 9 1941

**CERTIFICATE OF BIRTH**  
 STATE OF IDAHO

313390  
 State File No. \_\_\_\_\_  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH:**  
 (a) County WASHINGTON (b) City SALMBRIA  
 (c) Street Address or R.F.D. No. ✓  
 (d) Name of Hospital or Maternity Home: \_\_\_\_\_  
 (e) Mother's stay **BEFORE** delivery:  
 In Hosp. or Mat. Home ✓ days.  
 In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)  
 (a) State IDAHO (b) County WASHINGTON  
 (c) City SALMBRIA  
 (d) Street Address or R.F.D. No. ✓  
 (e) How long has **MOTHER** lived in Idaho? 15 yrs.  
 (f) Mother's mailing address SALMBRIA  
 3. **RESIDENCE of FATHER** (city, state): SALMBRIA-IDAHO

4. **FULL NAME OF CHILD** EDWIN-PERRY SMITH

5. Date of Birth  
 (Month, day, year) April 28-1897

6. Sex MALE 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

10. **FULL NAME** MARION-FRANCIS SMITH  
 11. Color or Race WHITE 12. Age at time of THIS birth 38 yrs.  
 13. Birthplace CARDINGTON- OHIO  
 (City or town) (State or foreign country)  
 14. Exact Occupation FARMER  
 15. Industry or Business \_\_\_\_\_

16. **FULL MAIDEN NAME** MARY-ANN-TAYLOR  
 17. Color or Race WHITE 18. Age at time of THIS birth 34 yrs.  
 19. Birthplace ONEGA- KANSAS  
 (City or town) (State or foreign country)  
 20. Exact Occupation HOUSE WIFE  
 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ✓  
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2  
 (c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUN 9 1941 (Date received) (b) Marion E. Green (Registrar's signature)  
 27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
 and address \_\_\_\_\_ Date \_\_\_\_\_

State of IDAHO } ss.  
 County of WASHINGTON

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, HARRY E. SMITH, being first duly sworn, say that I am RELATED  
EDWIN PERRY SMITH as BROTHER (Related to (or) acquainted with)  
 (Name of person on certificate above) (State relationship or acquaintance)  
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. GREEN, who attended said birth DECEASED (Name of attendant at birth) and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of June 1941  
 (SEAL) \_\_\_\_\_ Notary Public, residing at Cambria, Idaho



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432 207 029 134 RECEIVED

31345

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
Department of Commerce JUN 12 1941 CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
Bureau of Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County Idaho (b) City Juliaetta  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. none days.  
IN THIS county 5 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Boise  
(c) City none  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 20 yrs.  
(f) Mother's mailing address Myrtle, Id.

3. RESIDENCE of FATHER (city, state) Myrtle, Idaho

4. FULL NAME OF CHILD Vida Mae McKern

5. Date of Birth (Month, day, year) Dec 7, 1897

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W McKern

11. Color or Race White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Yamhill Oregon (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Mae Aldrich

17. Color or Race White 18. Age at time of THIS birth 30 yrs.

19. Birthplace Austin Minnesota (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUN 12 1941 (Date received) (b) Mabel H. Geden (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Oregon } ss.  
County of Franklin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Mae Aldrich McKern being first duly sworn, say that I am mother of Vida Mae McKern as mother (Related to (or) acquaintance with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Pierce (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Nellie Mae Aldrich McKern Signature

Subscribed and sworn to before me on this 29th day of May 1941

(SEAL) Gene B. Naon Notary Public, residing at John Day, Ore.  
my com expires May 11, 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

113726029-369

RECEIVED

313470

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
JUN 11 1941  
CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>Decon ave.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>Decon ave.</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. (f) Mother's mailing address <u>Moscow, Ida</u>	
4. FULL NAME OF CHILD <u>Lindal Deana Jackson</u>		5. Date of Birth (Month, day, year) <u>3/26/1897</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William C. Jackson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>DeKalb, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Railroad Accountant</u> 15. Industry or Business <u>R. R. Accountant</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jennie May Corns</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>DeKalb, Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Teacher</u> 21. Industry or Business <u>Teacher</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____ (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

26. (a) June 11, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on \_\_\_\_\_ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.) and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho ss.  
County of DeKalb

I, William C. Jackson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lindal Deana Jackson as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pile (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 9 day of June, 1941  
(SEAL)  
Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_  
By: Arthur M. Brad, Deputy

JUL 14 2014

JUL 14 1941

6/20/41 L.R.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251 127 001993

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313532  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 19 yrs.  
(f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD WILLIAM JOSEPH SEAR

6. Sex Male

7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

5. Date of Birth Nov. 27, 1897  
(Month, day, year)

8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME JOSEPH WILLIAM SEAR

11. Color White 12. Age at time of THIS birth 24 yrs.

13. Birthplace Utah  
(City or town) (State or foreign country)

14. Exact Occupation blacksmith

15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD  
16. FULL MAIDEN NAME Clara Richardson

17. Color white 18. Age at time of THIS birth 19 yrs.

19. Birthplace Boise Idaho  
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) June 17-1941 (Mother, etc.) (b) Maude E. Eady  
(Date received) (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

State of Oregon } ss.  
County of Deschutes

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Sear, being first duly sworn, say that I am related (Related to (or) acquainted with)  
William Joseph Sear as mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. Bowers, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of June, 1941

(SEAL)

Clarence H. Nelson Signature  
Send Ore P. O. Address  
NOTARY PUBLIC FOR OREGON  
My Commission Expires Dec. 19, 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895-110 044653

JUN 17 1941

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

313546

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
County of Washington  
City of Weir  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Dwight Clare Kindman

3. Sex m If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. ~~Premature~~ \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Nov 10<sup>th</sup> 1897  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, Day, Year)

9. Full name FATHER Albert Kindman 18. Full maiden name MOTHER Iva Wells

10. Residence (usual place of abode) (If non-resident, give place and State) Weir 19. Residence (usual place of abode) (If non-resident, give place and State) Weir

11. Color or race White 12. Age at last birthday 23 (years) 20. Color or race White 21. Age at last birthday 16 (years)

13. Birthplace (city or place) (State or Country) Granville Wyom. 22. Birthplace (city or place) (State or Country) La Grand Oregon

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Isonitric Acid

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7 7 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

(Born Alive or Stillborn) \_\_\_\_\_  
(Signed) Joseph R. Numbers, M. D.  
or \_\_\_\_\_, Midwife

Address Weir, Idaho

Filed JUN 17 1941, 193 Mark E. E. E. E. Registrar.



P.C. by 20741

SEP 25 1941

155-222-036-813

United States  
Department of Commerce JUN 16 1941  
Bureau of the Census

(Require the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313566**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH: *Onida*  
(a) County *Blaine* (b) City *Rockland*  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State *Idaho* (b) County *Power*  
(c) City *Rockland* *Onida*  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? *5* yrs.  
(f) Mother's mailing address \_\_\_\_\_

4. FULL NAME OF CHILD *Marion Johanna Jensen*

5. Date of Birth (Month, day, year) *April 22 1897*

6. Sex *Female* 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy *9* 9. Legitimate? *yes*

## FATHER OF CHILD

## MOTHER OF CHILD

10. FULL NAME *Henry Jensen*  
11. Color or Race *White* 12. Age at time of THIS birth *32* yrs.  
13. Birthplace *Springville Utah*  
(City or town) (State or foreign country)  
14. Exact Occupation *Farmer*  
15. Industry or Business \_\_\_\_\_

16. FULL MAIDEN NAME *Elizabeth Halling*  
17. Color or Race *White* 18. Age at time of THIS birth *28* yrs.  
19. Birthplace *Brigham City Utah*  
(City or town) (State or foreign country)  
20. Exact Occupation *Housewife*  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child *4* (b) Born alive and now living *4*  
(c) Born alive and now dead *none* (d) Stillborn *none*

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) *JUN 16 1941* (Date received) (b) *Marcel E. Jensen* (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ } ss.  
County of *Blaine*

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Marion Johanna Jensen*, being first duly sworn, say that I am *the Father* (Related to (or) acquainted with) *as Daughter* (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Emile Lish midwife* (Name of attendant at birth), who attended said birth *Deceased* (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

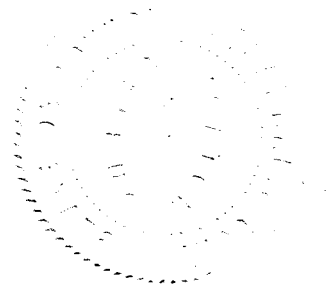
*Henry Jensen* Signature  
*Rockland Idaho* P. O. Address

Subscribed and sworn to before me on this *2nd* day of *June* 1941  
(SEAL) *W. H. Barnard* Notary Public, residing at *Rockland*

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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856-107 007849

RECEIVED

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313650**  
Local Reg. No. **85**  
Reg. Dist. No. **410**

<b>1. PLACE OF BIRTH</b> (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home. _____ days. IN <b>THIS</b> county _____ years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>3</u> yrs. (f) Mother's mailing address <u>Hailey, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>William McKinley Hewitt</u>		<b>3. RESIDENCE of FATHER</b> (city, state) <u>Hailey, Id</u> <b>5. Date of Birth</b> (Month, day, year) <u>4-7-1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Henry LeVerne Hewitt</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>39</u> yrs. <b>13. Birthplace</b> <u>Erie Co. New York</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Carpenter</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Minnie May Hursh</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>25</u> yrs. <b>19. Birthplace</b> <u>Hennepin Co. Minnesota</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>Born Alive</u> M. on the date (born alive, stillborn) <u>Minnie May Hewitt</u> , who is related to this child as <u>Mother</u> (First name) (Last name)			
<b>26. (a) 6-13-1941</b> (Date received) <b>27. Given name added on</b> _____ by _____ (Registrar's signature)		<b>25. Attendant's OWN signature</b> <u>Minnie May Hewitt</u> M.D. (D.O., Midwife, etc.) and address _____ Date _____	

State of Idaho }  
County of Blaine } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie May Hewitt, being first duly sworn, say that I am related to (Related to (or) acquainted with)  
William McKinley Hewitt, as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Sullivan, who attended (Name of attendant at birth)  
said birth now deceased, and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Minnie May Hewitt Signature  
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of June, 19 41.

(SEAL)

[Signature] Notary Public, residing at Hailey, Idaho.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

495-122 035 418

United States  
Department of Commerce  
Bureau of Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313655

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County <u>NEZPERCE</u> (b) City <u>NEAR PECK</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>1</u> years month days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>NEZPERCE</u> (c) City <u>NEAR PECK</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address <u>KENDRICK, IDAHO</u>	
4. FULL NAME OF CHILD <u>CHARLES MARION MENGES</u>		5. Date of Birth (Month, day, year) <u>JULY 22, 1897</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet <u>-</u>	If so—born 1st, 2nd, 3rd <u>-</u>	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>CHARLES ALONZO MENGES</u>		16. FULL MAIDEN NAME <u>ELSIE AGNES MAYNE</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>36</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>DES MOINES IOWA</u> (City or town) (State or foreign country)		19. Birthplace <u>MANCHESTER N.H.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>RANCHER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business <u>HOMESTEADER</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>---</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUN 19 1941 (Date received) (b) Mark H. Fisher (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of CALIFORNIA }  
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CHARLES A. MENGES, being first duly sworn, say that I am RELATED TO CHARLES MARION MENGES as FATHER (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. WALRICK (Name of attendant at birth) who attended said birth CANNOT BE LOCATED and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13 day of June 1941  
(SEAL) \_\_\_\_\_

Notary Public, residing at Los Angeles

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652 110 029 433

313667

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County LATAH (b) City MOSCOW  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County LATAH  
(c) City MOSCOW  
(d) Street Address or R.F.D. No. Blacker Property  
(e) How long has MOTHER lived in Idaho? 5 yrs.  
(f) Mother's mailing address MOSCOW

3. RESIDENCE of FATHER (city, state) Same as above

4. FULL NAME OF CHILD

BYRON AUGHE WEBSTER

5. Date of Birth  
(Month, day, year) Feb. 10, 1897

6. Sex Male

7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy \_\_\_\_\_

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel William Webster

11. Color or Race White 12. Age at time of THIS birth 40 yrs.

13. Birthplace Lorain Ohio  
(City or town) (State or foreign country)

14. Exact Occupation Baker

15. Industry or Business Bakery in Moscow 1892 to 1900

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Melanthy Webster

17. Color or Race White 18. Age at time of THIS birth 36 yrs.

19. Birthplace Valparaiso Indiana  
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) June 18, 1941 (Mother etc.) (Date received) (b) Marcel G. Elder (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of California  
County of San Francisco ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOHN MCCARTHY WEBSTER being first duly sworn, say that I am Brother of Byron Aughe Webster (Name of person on certificate above) (State relationship or acquaintance)  
(Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that B. V. Watkins (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16 day of June 1941

(SEAL)

My commission will expire August 10, 1943

Notary Public, residing at San Francisco California



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

336 106-028-295

314809

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.  
Local Reg. No.  
Reg. Dist. No.

CERTIFICATE OF BIRTH  
STATE OF IDAHO

JUN 21 1941

1. PLACE OF BIRTH  
(a) County Kootenai (b) City Coeur d'Alene  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. None days.  
IN THIS county        years        month        days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Ida (b) County Kootenai  
(c) City Coeur d'Alene  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 2 yrs.  
(f) Mother's mailing address B.O.B.

4. FULL NAME OF CHILD George Bryan Stowe  
6. Sex Male Twin or Triplet single If so—born 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) Ida  
5. Date of Birth May 6, 1897  
(Month, day, year)  
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME George Marshall Stowe  
11. Color or Race White 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Mapleton Minn  
(City or town) (State or foreign country)  
14. Exact Occupation T. carmer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Gloria Kinney  
17. Color or Race White 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Pembina N. Dak  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead        (d) Stillborn       

24. I HEREBY CERTIFY That I attended the birth of this child, who was        at        M. on the date        (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by       , who is related to this child as        (First name) (Last name)

26. (a) JUN 21 1941 (Date received) (b) Maude H. Keeler (Registrar's signature)  
27. Given name added on        by        (Registrar's signature)

25. Attendant's OWN signature        M.D. (D.O., Midwife, etc.)  
and address        Date       

State of Idaho  
County of Kootenai  
I, George Marshall Stowe ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Marshall Stowe, being first duly sworn, say that I am        (Related to (or) acquainted with)       , whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 89, 1937 Session Laws; and that the facts contained therein be true to the best of my knowledge. I further state that Maude H. Keeler (Name of attendant at birth) said birth George Bryan Stowe and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18 day of June, 1941  
(SEAL) John W. Boothe Notary Public, residing at Coeur d'Alene  
George Marshall Stowe Signature  
Gloria Kinney P. O. Address

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

314874  
State File No. 314874  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH**

(a) County Beauregard (b) City Wardboro  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

IN THIS county years month days

**4. FULL NAME OF CHILD** Glenn Floyd Stewart

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME John Calvin Stewart

11. Color or Race white 12. Age at time of THIS birth 32 yrs.

13. Birthplace St. Charles Idaho  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)

(a) State Idaho (b) County Beauregard

(c) City Wardboro

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 12 yrs.

(f) Mother's mailing address Wardboro

**3. RESIDENCE of FATHER** (city, state) Wardboro

5. Date of Birth  
(Month, day, year) May 15, 1897

8. No. months of Pregnancy 9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sarah Floyd Stewart

17. Color or Race white 18. Age at time of THIS birth 38 yrs.

19. Birthplace Farmington Utah  
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3rd  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) June 25, 1941 (b) Malvina K. Hedges  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Beauregard } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theola S. Oakley, being first duly sworn, say that I am Related  
Glenn Floyd Stewart Sister  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that house wife, who attended  
said birth now deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 25th day of June, 1941

(SEAL)

Notary Public, residing at Montpelier, Idaho

Signature

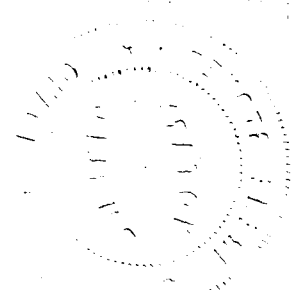
P. O. Address

67 30741

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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314960

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

JUN 24 1941

1. PLACE OF BIRTH

(a) County Lemhi (b) City Salmon  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

4. FULL NAME OF CHILD Ralph Edwin Hagel

6. Sex Male 7. Twin or If so—born  
Trip'et 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Carl William Hagel  
11. Color white 12. Age at time 40  
or Race \_\_\_\_\_ of THIS birth \_\_\_\_\_ yrs.  
13. Birthplace Chicago Ill.  
(City or town) (State or foreign country)  
14. Exact Farmer  
Occupation \_\_\_\_\_  
15. Industry or Business \_\_\_\_\_

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi  
(c) City Salmon  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 26 yrs.  
(f) Mother's mailing address Thompson Falls, Mont

3. RESIDENCE OF FATHER (city, state) Deceased

5. Date of Birth  
(Month, day year) June 17, 1897

8. No. months 9. Legitimate? yes  
of Pregnancy 9

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth May Stobie  
17. Color white 18. Age at time 35  
or Race \_\_\_\_\_ of THIS birth \_\_\_\_\_ yrs.  
19. Birthplace Bluffton, Ind.  
(City or town) (State or foreign country)  
20. Exact Housewife  
Occupation \_\_\_\_\_  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8  
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is  
related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUN 24 1941 (b) Mary E. Hagel 25. Attendant's  
(Date received) (Registrar's signature) OWN signature \_\_\_\_\_ M.D.  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ (D.O., Midwife, etc.)  
(Registrar's signature) Date \_\_\_\_\_

State of Mont } ss.  
County of Sanders

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I Elizabeth May Hagel, being first duly sworn, say that I am Related to  
Ralph Edwin Hagel as Mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. K. K. Hoppie, who attended  
(Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Elizabeth May Hagel Signature

Subscribed and sworn to before me on this 23rd day of June  
(SEAL) N. S. Quaresima

NOTARY PUBLIC FOR THE STATE OF IDAHO  
RESIDING AT THOMPSON FALLS, MONT.  
COMMISSION EXPIRES NOVEMBER 13TH, 1942

6-27-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418 125 037 696

ED

United States  
Department of Commerce  
Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

314998  
State File No. 1

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Owyhee (b) City De Lamar  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: own home  
In Hosp. or Mat. Home. days.  
IN THIS county years month days

4. FULL NAME OF CHILD

Arthur May

6. Sex male 7. Twin or Triplet If so - born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Richard May  
11. Color or Race white 12. Age at time of THIS birth 36 yrs.  
13. Birthplace St. Blayze England  
(City or town) (State or foreign country)  
14. Exact Occupation miner  
15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee  
(c) City De Lamar  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 8 yrs.  
(f) Mother's mailing address De Lamar

3. RESIDENCE of FATHER (city, state) Idaho

5. Date of Birth

(Month, day year) Jan 25 = 1897

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Orwin  
17. Color or Race white 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Chesterfield England  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)

26. (a) JUN 27 1941 (b) Mary E. Eder  
(Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D.  
(D.O., Midwife, etc.)  
and address Date

State of California  
County of Los Angeles ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie May, being first duly sworn, say that I am mother (Related to (or) acquainted with)  
Arthur May as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. Blummer, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 25 day of June, 1941  
(SEAL) Ernest Spindler

Signature Effie May  
Address 1001 N. Quinlan Ave., Compton, Calif.  
Notary Public, residing at Compton Calif

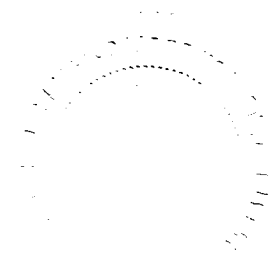


7-1-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-102-  
20-693  
United States  
Department of Commerce  
Bureau of Census

1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315167

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH  
(a) County Bonneville (b) City Idaho Falls  
(c) Street Address or R.F.D. No. 124 Corner Ave.  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Bonneville  
(c) City Idaho Falls  
(d) Street Address or R.F.D. No. 124 Corner Ave.  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address 124 Corner Ave.

4. FULL NAME OF CHILD George Washington Moore

5. Date of Birth  
(Month, day, year) April 2, 1897

6. Sex male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9mo 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME Charles H. Moore  
11. Color or Race White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Peoria Ill.  
(City or town) (State or foreign country)  
14. Exact Occupation \_\_\_\_\_  
15. Industry or Business Cement Contractor

MOTHER OF CHILD  
16. FULL MAIDEN NAME Mary Jane Wilson  
17. Color or Race white 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Perry Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation House wife.  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUL 3 1941 (Date received) (b) Mary J. Keefe (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Wilson Moore, being first duly sworn, say that I am mother (Related to (or) acquainted with)  
George Washington Moore as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1933 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ryker (Name of attendant at birth), who attended said birth Cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Mary Jane Wilson Moore Signature  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 2nd day of July 1941

(SEAL)

Notary Public Notary Public, residing at Idaho Falls, Id.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

17-01-6

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-127-4  
035-854 RECEIVED

LOT 3 BLOCK 4 MULLEN'S ADDITION - DWELLING HOUSE  
BETWEEN CAMAS PRAIRIE ROAD AND JEFFERSON STREET

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315232**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County **NEZPERCE** (b) City **LEWISTON**  
(c) Street Address or R.F.D. No. **NOT KNOWN**  
(d) Name of Hospital or Maternity Home:  
**NO HOSPITAL OR MATERNITY HOME AT HOME**  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days **APPROX.**  
IN THIS county **2** years **6** month **?** days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **NEZPERCE**  
(c) City **LEWISTON**  
(d) Street Address or R.F.D. No. **NOT KNOWN**  
(e) How long has MOTHER lived in Idaho? **6** yrs.  
(f) Mother's mailing address. **SEE ABOVE**

3. RESIDENCE of FATHER (city, state) **LEWISTON IDAHO**

4. FULL NAME OF CHILD

**CHARLES BEEBE HALSTEAD**

5. Date of Birth

(Month, day, year) **OCT. 27, 1897**

6. Sex **MALE**

7. Twin or Triplet **—**

If so—born 1st, 2nd, 3rd **—**

8. No. months of Pregnancy **9**

9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME

**CHARLES BARSTOW HALSTEAD**

11. Color or Race **WHITE**

12. Age at time of THIS birth **43** yrs.

13. Birthplace

**ON A FARM NEAR SPRINGFIELD OREGON**  
(City or town) (State or foreign country)

14. Exact Occupation

**BOOKKEEPER**

15. Industry or Business

**LUMBER**

MOTHER OF CHILD

16. FULL MAIDEN NAME

**MARIE SOPHIE HEDUM**

17. Color or Race **WHITE**

18. Age at time of THIS birth **30** yrs.

19. Birthplace

**SANVIKEN NORWAY**  
(City or town) (State or foreign country)

20. Exact Occupation

**HOUSEKEEPER**

21. Industry or Business **—**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NOT KNOWN**

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**  
(c) Born alive and now dead **NONE** (d) Stillborn **NONE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) **JUL 8 1941** (b) **Marie Hedum**  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D.  
and address \_\_\_\_\_ (D.O., Midwife, etc.)  
Date \_\_\_\_\_

State of **Montana**  
County of **Silver** ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

**Marie Sophie Hedum Field**, being first duly sworn, say that I am **RELATED TO**  
**CHARLES BEEBE HALSTEAD** as **MOTHER**  
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended

said birth **cannot be located** that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this **26** day of **June** 1941  
(SEAL) \_\_\_\_\_  
Notary Public, residing at **My Corn. 41st. Mar. 2, 1943 Montana**

7-10-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315233**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH

(a) County Cassia (b) City Marion  
(c) Street Address or R.F.D. No. 1 Oakley  
(d) Name of Hospital or Maternity Home: Idaho

(c) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

## 2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Casser  
(c) City Marion  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 6 yrs.  
(f) Mother's mailing address Marion, Idaho

## 3. RESIDENCE of FATHER (city, state)

## 4. FULL NAME OF CHILD LULA CLEO ADAMS

5. Date of Birth  
(Month, day year) 6 Dec. 1897

6. Sex F 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy Reg 9. Legitimate? Yes

### FATHER OF CHILD

10. FULL NAME George A. Adams  
11. Color or Race White 12. Age at time of THIS birth 33 yrs.

13. Birthplace. (City or town) (State or foreign country) \_\_\_\_\_

14. Exact Occupation Farmer

15. Industry or Business \_\_\_\_\_

### MOTHER OF CHILD

16. FULL MAIDEN NAME Celia Briggs  
17. Color or Race White 18. Age at time of THIS birth 21 yrs.

19. Birthplace. (City or town) (State or foreign country) Flag Pond Tenn

20. Exact Occupation Housewife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to \_\_\_\_\_ (First name) (Last name)

26. (a) JUL 8 1941 (b) Mabel T. Eder 25. Attendant's Mrs. Sarah Bates (deceased)  
(Registrar's signature) (Mother, etc.) (First name) (Last name)  
OWN signature now M.D.

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_  
(Registrar's signature) (D.O., Midwife, etc.)

State of Idaho } ss.  
County of Cassia

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dora Pickett, being first duly sworn, say that I am related to  
Lula Cleo Adams as Aunt (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Sarah Bates who attended said birth is deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this 3 day of July 1941  
(SEAL) Henry W. Tucker Notary Public, residing at Bruley, Idaho

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of Census

RECEIVED  
JUL 8 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

315255  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH  
(a) County Washington (b) City Payette  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home 4 days.  
IN THIS county 3 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Payette  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 4 yrs.  
(f) Mother's mailing address Payette, Idaho  
3. RESIDENCE of FATHER Payette, Idaho

4. FULL NAME OF CHILD Hiley Edgar McCullough  
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) July 18, 1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Nelson James McCullough  
11. Color or Race White 12. Age at time of THIS birth 22 yrs.  
13. Birthplace Weiser Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

MOTHER OF CHILD  
16. FULL MAIDEN NAME Lillie Taylor  
17. Color or Race White 18. Age at time of THIS birth 18 yrs.  
19. Birthplace Canyon City, Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5  
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3:00 A.M. on the date (born alive, stillborn)  
and at the time above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUL 8 1941 (b) Dr. & Nurse  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature Dr. & Nurse who attended are both dead.  
and address Chico, Calif. (D.O. Midwife, etc.) Date 8-20-40

State of California  
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna May Taylor, being first duly sworn, say that I am related to Hiley Edgar McCullough as Aunt by Marriage (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Anna May Taylor Signature  
1322 Laburnum, Chico, Calif. P. O. Address

Subscribed and sworn to before me on this 20th day of June, 19 41  
(SEAL) Rae Price Notary Public, residing at Chico, California



7-10-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

315372  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell  
(c) Street Address or R.F.D.No. 704 Cleveland  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery: at home  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

## 2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Caldwell  
(d) Street Address or R.F.D.No. 704 Cleveland  
(e) How long has MOTHER lived in Idaho? 7 yrs.  
(f) Mother's mailing address \_\_\_\_\_

## 3. RESIDENCE of FATHER (city, state)

## 4. FULL NAME

OF CHILD Levi Windsor Blaisdell Cupp

## 5. Date of Birth

(Month, day year) Oct. 11, 1897

6. Sex male

7. Twin or  
Triplet \_\_\_\_\_

If so—born  
1st, 2nd, 3rd \_\_\_\_\_

8. No. months  
of Pregnancy \_\_\_\_\_

9. Legitimate? yes

## FATHER OF CHILD

10. FULL  
NAME Charles Hamilton Cupp

11. Color white 12. Age at time  
or Race \_\_\_\_\_ of THIS birth. 40 yrs.

13. Birthplace. Ohio  
(City or town) (State or foreign country)

14. Exact  
Occupation Carpenter

15. Industry or  
Business \_\_\_\_\_

## MOTHER OF CHILD

16. FULL MAIDEN  
NAME Lillie L. Blaisdell

17. Color white 18. Age at time  
or Race \_\_\_\_\_ of THIS birth. 33 yrs.

19. Birthplace. Caldwell, Idaho  
(City or town) (State or foreign country)

20. Exact  
Occupation House wife

21. Industry or  
Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child. 8 (b) Born alive and now living. 7  
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is  
related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUL 14 1941 (b) Mary H. Fisher  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's  
OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho  
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, William M. Cupp, being first duly sworn, say that I am related to  
Levi Winsdor Blaisdell Cupp as Older Brother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-  
tained therein are true to the best of my knowledge. I further state that Mrs. Ralph Cowden, who attended  
(Name of attendant at birth)  
said birth Cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

William M. Cupp Signature

P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 12 day of July 1941

(SEAL)

Arthur Notary Public, residing at \_\_\_\_\_

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of NEZ PERCE  
City of LEWISTON  
No. \_\_\_\_\_ St. \_\_\_\_\_

JUL 11 1941

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

315412

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD FERDINAND THEODORE HUTCHESON

3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <input checked="" type="checkbox"/>	8. Date of birth <u>FEB. 19</u> , <u>1941</u> (Month, Day, Year)
-----------------------	--	---	---	--

9. Full name <u>JAMES RUFUS HUTCHESON</u>	FATHER	18. Full maiden name <u>MARTHA ELIZABETH GIST</u>	MOTHER
--	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>LEWISTON, IDAHO</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>LEWISTON, IDAHO</u>
--	--

11. Color or race <u>WHITE</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>WHITE</u>	21. Age at last birthday <u>39</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>TUSCALOOSA, ALA.</u>	22. Birthplace (city or place) (State or Country) <u>BLANSETT, SCOTT CO. ARKANSAS</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LABORER</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSEWIFE</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>MUNICIPAL</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>OWN HOME</u>
---	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>3 yrs</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>2 yrs</u>
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 3  
(a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor Before labor
--	----------------------	-------------------------------	--------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician  
or midwife, then the father, householder, etc.,  
should make this return.

Give name added from  
a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed July, 1941

Registrar.

Registrar.

APR 6



JAN 1 1962

18

JAN 1 1962

18

843 119035-772

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of California }  
County of San Diego } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Isaac Hutcheson being first duly sworn says that  
he is the brother of Ferdinand Theodore Hutcheson  
(Relationship of child)\*  
born February 19 1897 at Lewiston, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that Ferdinand Hutcheson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ferdinand Theodore Hutcheson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Inman, M. D., was the  
Midwife  
medical attendant at the birth of said Ferdinand Theodore Hutcheson and that  
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Isaac Hutcheson

P. O. Address 1408 M. Kingley Ave. N.C.

Subscribed and sworn to before me this 7 day of July, 1941

Isa F. Harrison  
City Judge Notary Public  
Residing at City of National City, Cal.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 6 1949



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

142105 004 669  
United States (Be sure the information is as of date of birth of THIS child) State File No. **315467**  
Department of Commerce **JUL 16 1941** **CERTIFICATE OF BIRTH** Local Reg. No. \_\_\_\_\_  
Bureau of Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County **Bear Lake** (b) City **Montpelier**  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county **3** years - - month - - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State **Idaho** (b) County **Bear Lake**  
(c) City **Montpelier**  
(d) Street Address or R.F.D.No. **Ranch**  
(e) How long has MOTHER lived in Idaho? **3** yrs.  
(f) Mother's mailing address **Montpelier**

3. RESIDENCE of FATHER (city, state) **Montpelier, Idaho**  
5. Date of Birth \_\_\_\_\_  
(Month, day year) **Sept. 5, 1897**  
6. Sex **male** 7. Twin or If so—born 8. No. months  
Triplet 1st, 2nd, 3rd of Pregnancy **9 mos** 9. Legitimate? **yes**

4. FULL NAME OF CHILD **EDWIN GEAN AUSTIN**

5. FATHER OF CHILD  
10. FULL NAME **EDWIN AUGUSTUS AUSTIN**  
11. Color **white** 12. Age at time of THIS birth **31** yrs.  
13. Birthplace **Paris, Idaho**  
(City or town) (State or foreign country)  
14. Exact Occupation **Rancher**  
15. Industry or Business **Self**

6. MOTHER OF CHILD  
16. FULL MAIDEN NAME **LILLIAN WORKS**  
17. Color **white** 18. Age at time of THIS birth **26** yrs.  
19. Birthplace **Du Buque, Iowa**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business **Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**  
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**  
(c) Born alive and now dead **none** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

26. (a) **JUL 16 1941** (b) **Mary Hymas**  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_  
and address \_\_\_\_\_ Date \_\_\_\_\_  
(D.O., Midwife, etc.)

State of **California** } ss.  
County of **Los Angeles**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **LILLIAN AUSTIN**, being first duly sworn, say that I am **related to** **EDWIN GEAN AUSTIN** as **mother** (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mary Hymas**, who attended said birth **is now deceased** (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

**Lillian Austin** Signature  
**6623 Crenshaw Blvd., Los Angeles, Calif.** P. O. Address  
Subscribed and sworn to before me on this **25th** day of **June**, 1941 **Calif.**  
(SEAL) **Frank Paramore** Notary Public, residing at **Los Angeles, Calif.**  
My Commission Expires **Jan. 6, 1944**



7/18/41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

766 208 001 766

United States  
Department of Commerce  
Bureau of the Census

JUL 18 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315675**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH:</b> (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Washington Street</u> (d) Name of Hospital or, Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. <u>at home</u> In THIS county _____ years _____ month _____ days.		<b>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</b> (a) State <u>Idaho</u> (b) County _____ (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>Washington St.</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>Washington St., Boise, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Margaret Maud Powell</u>		<b>5. Date of Birth</b> (Month, day, year) <u>November 8 1897</u>	
<b>6. Sex</b> <u>Female</u>		<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd _____	
<b>8. No. months of Pregnancy</b> <u>Nine</u>		<b>9. Legitimate?</b> <u>Yes</u>	

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Thomas Powell</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>37</u> yrs. <b>13. Birthplace</b> <u>Elton, New York State</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Livery Stable Operator</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth Lougner Powell</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>Pyle, South Wales</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
---	--	--	--

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** None  
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2  
 (c) Born alive and now dead None (d) Stillborn None

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

**26. (a)** July 19-1941 **(b)** Mabel E. Ender  
 (Date received) (Registrar's signature)  
**27. Given name added on \_\_\_\_\_ by \_\_\_\_\_**  
 (Registrar's signature)

**25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)**  
 and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington } ss.  
 County of Butte

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth L. Powell, being first duly sworn, say that I am related to Margaret Maud Powell as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended said birth \_\_\_\_\_ (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Elizabeth L. Lougner Powell Signature  
Coupeville, Washington P. O. Address

Subscribed and sworn to before me on this 16 day of July, 1941  
 (SEAL) Victor E. Carl Notary Public, residing at Coupeville, Wash.

7/23/41

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 119, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1931 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



2-8-222-008-231

# 316941

316941

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG

1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Boise (b) City Garden Valley  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

4. FULL NAME OF CHILD

Florence Elizabeth Schilling

6. Sex female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

FATHER OF CHILD

10. FULL NAME John Henry Schilling  
11. Color or Race white Age at time of THIS birth 36 yrs.

13. Birthplace Germany  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business \_\_\_\_\_

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County \_\_\_\_\_  
(c) City Garden Valley  
(d) Street Address or R.F.D.No. \_\_\_\_\_

(e) How long has MOTHER lived in Idaho? 11 yrs.

(f) Mother's mailing address Garden Valley

3. RESIDENCE of FATHER (city, state)

Garden Valley

5. Date of Birth \_\_\_\_\_ (Month, day year) July 22 1897  
8. Mo. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha A. Blank

17. Color or Race white 18. Age at time of THIS birth 27 yrs

19. Birthplace Germany  
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) AUG 1 1941 (b) Mabel H. Keeler  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.) \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Henry Schilling, being first duly sworn, say that I am related to Florence Elizabeth Schilling (Related to (or) acquainted with) Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mills (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 28th day of July 1941

(SEAL)

Notary Public, residing at Portland, Ore.

My Commission expires Feb. 9th 1944

JUL 13 1959

JUN 2 1970

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 799-22544-365  
PLACE OF BIRTH  
County of Washington  
City of Weiser  
No. 2 St.

*Maid to*  
JUL 28 1941

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

316971

CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Marguerite Esther Pringle 1897

3. Sex F If plural { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
births { 5. Number, in order of birth 1 Full term Yes mate? Yes 8. Date of birth Dec. 25, 1897  
(Month, Day, Year)

9. Full name FATHER James Pringle 18. Full maiden name MOTHER Bell Connell

10. Residence (usual place of abode) Weiser, Idaho 19. Residence (usual place of abode) Weiser, Ida.  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 33 (years) 20. Color or race white 21. Age at last birthday 18 (years)

13. Birthplace (city or place) Scotland 22. Birthplace (city or place) Portersville  
(State or Country) Indiana

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Section Foreman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work This date 19 \_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work To date 19 \_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Sol.

28. Number of children of this mother (At time of this birth and including this child)  
One (a) Born alive and now living One (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, { months or weeks } 30. Cause of Stillbirth { Before labor \_\_\_\_\_  
period of gestation \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Signed) Joseph R. Numbers, M. D.

or \_\_\_\_\_, Midwife

Address Weiser, Idaho

Filed JUL 28 1941, 193 \_\_\_\_

Registrar.

JUN 6 1972

JUN 6 1972

6 1972

Use black ink or black record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317008**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Idaho (b) City Moscow  
(c) Street Address or R.F.D. No. Lilly St  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 4 days.

IN THIS county 5 years month 6 days

4. FULL NAME  
OF CHILD

Earl Victor Hansen

6. Sex

male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state)

Moscow Idaho

5. Date of Birth

(Month, day year) May 21 1897

8. No. months

of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL  
NAME

John L. Hansen

11. Color  
or Race

white

12. Age at time  
of THIS birth 31 yrs.

13. Birthplace

(City or town) Nyptad Denmark  
(State or foreign country)

14. Exact  
Occupation

cement worker

15. Industry or  
Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

Betsy Erickson

17. Color  
or Race

white

18. Age at time  
of THIS birth 33 yrs

19. Birthplace

(City or town) Skien Norway  
(State or foreign country)

20. Exact  
Occupation

housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6  
(c) Born alive and now dead none (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 4 P. M. on the date July 30 1941 (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by John Hansen, who is related to this child as father (Mother, etc.)  
(First name) (Last name)

26. (a) JUL 30 1941  
(Date received)

(b) Mabel H. Elder  
(Registrar's signature)

25. Attendant's  
OWN signature

27. Given name added on

by \_\_\_\_\_  
(Registrar's signature)

and address

(D.O., Midwife, etc.)  
Date

State of Idaho } ss.  
County of Latah

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, John Hansen, being first duly sworn, say that I am related  
to Earl Victor Hansen as father (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 39, 1937, Session, Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. Han, who attended said birth, deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

John Hansen Signature  
MOSCOW, IDAHO P. O. Address

Subscribed and sworn to before me on this 24th day of July, 1941

(SEAL)

Notary Public, residing at MOSCOW, IDAHO



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

RECEIVED  
JUL 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317054

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH now Bonneville  
(a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D.No. None  
(d) Name of Hospital or Maternity Home: Parent's home  
(e) Mother's stay BEFORE delivery: None.  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Idaho Falls  
(d) Street Address or R.F.D.No. None  
(e) How long has MOTHER lived in Idaho? 14 yrs.  
(f) Mother's mailing address Idaho Falls, Idaho.

4. FULL NAME OF CHILD William Jennings Rushton  
7. Twin or Trip'et No. If so—born 1st, 2nd, 3rd \_\_\_\_\_  
6. Sex Male.

5. Date of Birth Idaho  
(Month, day year) November 30, 1897  
8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes/

FATHER OF CHILD  
10. FULL NAME Edwin Rushton  
11. Color or Race White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Manchester, England  
(City or town) (State or foreign country)  
14. Exact Occupation Operated a bowling alley.  
15. Industry or Business Bowling Alley.

MOTHER OF CHILD  
16. FULL MAIDEN NAME Julia Erickson  
17. Color or Race White 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Christiannia, Norway  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know.  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4  
(c) Born alive and now dead one (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUL 30 1941 (b) Mabel E. Eifer  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
and address \_\_\_\_\_ Date \_\_\_\_\_ (D.O., Midwife, etc.)

State of Idaho  
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edwin Rushton, being first duly sworn, say that I am related to William Jennings Rushton as brother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Olene (Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 28th day of July, 1941.

(SEAL)

Edwin Rushton Signature  
9009 Burnett St., San Fernando, Calif. P. O. Address  
John Freibaum Notary Public, residing at Idaho Falls, Idaho.

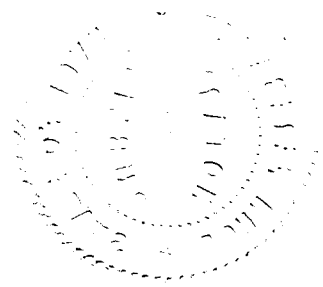
8-1-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

A.



693-111-029-381

317105

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

AUG 1 1941

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Latah (b) City Troy  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

4. FULL NAME OF CHILD

Evert Harold Willoughby

6. Sex M. 7. Twin or triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

FATHER OF CHILD

10. FULL NAME William G. Willoughby  
11. Color White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Powell Co. Kentucky  
(City or town) (State or foreign country)

14. Exact Occupation Farmer  
15. Industry or Business Farming

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
(f) Mother's mailing address Troy Idaho

3. RESIDENCE of FATHER (city, state) Troy Idaho

5. Date of Birth July 11, 1897  
(Month, day year)

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Largh Agnes Chapman  
17. Color White 18. Age at time of THIS birth 26 yrs.

19. Birthplace Iowa  
(City or town) (State or foreign country)

20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 P. M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) AUG 1 1941 (b) Mary Keeler (Mother, etc.)  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho  
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William G. Willoughby, being first duly sworn, say that I am related (Related to (or) acquainted with)  
Evert Harold Willoughby as Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Gemma Jordan (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 28 day of July, 1941  
(SEAL) Frank A. Smith Notary Public, residing at Prosser Idaho

100 08 10

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

112-117042-286

317404

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Lewin Falls (b) City Rural  
(c) Street Address or R.F.D. No. Nine mi. from Rock Creek  
(d) Name of Hospital or Maternity Home \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

4. FULL NAME OF CHILD

Lloyd Austin

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd \_\_\_\_\_

FATHER OF CHILD

10. FULL NAME Charley Austin

11. Color or Race White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10:00 P.M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Ida Bell Sargent, who is related to this child as Mother (Mother, etc.)

26. (a) Aug 9-1941 (b) Mabel G. Sargent  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Lewin Falls  
(c) City near Rock Creek

(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) How long has MOTHER lived in Idaho? 6 mos.

(f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state)

5. Date of Birth \_\_\_\_\_  
(Month, day year) June 17, 1897

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Bell Short

17. Color or Race White 18. Age at time of THIS birth 23 yrs.

19. Birthplace Missouri  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business own home

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)

and address \_\_\_\_\_ Date \_\_\_\_\_

State of Colorado } ss.  
County of Held

I, Ida Bell Sargent, being first duly sworn, say that I am (Related to)  
Lloyd Austin as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mandy Austin who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 8th day of August 1941

(SEAL) Luelle E. Buckman

Signature Ida Bell Sargent  
P. O. Address 1317 7th Ave., Greeley, Colo.  
Notary Public, residing at Greeley, Colo.

My commission expires: Sept. 17, 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

462-209 035-493

317511

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
**AUG 5 1941** **CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 107  
Reg. Dist. No. 210

**1. PLACE OF BIRTH**

(a) County Nez Perce (b) City near Oring  
(c) Street Address or R.F.D. No. Star house, Gilbert  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 1 years 3 month 9 days

**4. FULL NAME OF CHILD** Ethel Lucy Dobson

6. Sex Female 7. Twin 1st If so, born 1st, 2nd, 3rd 1st

**FATHER OF CHILD**

10. FULL NAME Julian Elihu Dobson  
11. Color White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Deloir Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business ✓

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)

(a) State Idaho (b) County Nez Perce  
(c) City near Oring  
(d) Street Address or R.F.D. No. Star Route Gilbert  
(e) How long has **MOTHER** lived in Idaho 7 yrs.  
(f) Mother's mailing address Gilbert Idaho

**3. RESIDENCE of FATHER** (city, state, and country)

5. Date of Birth (Month, day year) Nov. 9, 1894

8. No. months of Pregnancy 9 9. Legitimate? Yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ina Rose Dickson  
17. Color White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Danvers Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P.M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Ina R. Dobson, who is related to this child as Mother.  
(First name) (Last name)

26. (a) 7/14 (b) H. A. Shum  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Chamwater

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julian Elihu Dobson, being first duly sworn, say that I am related to Ethel Lucy Dobson as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Francis Plunk, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 14 day of July 1941  
(SEAL) Francis Plunk Signature \_\_\_\_\_  
Notary Public, residing at Oring Idaho P. O. Address \_\_\_\_\_



**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

592 '217001 '693

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317519**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D.No. Gen. Delivery  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county years month days

4. FULL NAME OF CHILD

Gladys Florence Nibler

6. Sex - Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME George Nibler

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace St. Cloud, Minnesota  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living 4  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 9 P. M. on the date (born alive, stillborn).  
and at the place stated above, and that personal particulars were furnished by Harriet Nibler, who is related to this child as mother.  
(Mother, etc.) (First name) (Last name)

26. (a) Aug 15-1941 (b) Mabel G. Elder  
(Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D.No. Gen. Del.

(e) How long has MOTHER lived in Idaho? 27 yrs.

(f) Mother's mailing address Gen. Del.

3. RESIDENCE of FATHER (city, state) Boise, Ida.

5. Date of Birth (Month, day year) Sept. 17, 1897

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Amanda Wilson

17. Color or Race White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Boise Idaho  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

25. Attendant's OWN signature Ellen Robinson M.D.  
(D.O., Midwife, etc.)

and address 535 S. 12th Date

State of }  
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, \_\_\_\_\_, being first duly sworn, say that I am \_\_\_\_\_ (Related to (or) acquainted with) \_\_\_\_\_ as \_\_\_\_\_ (State relationship or acquaintance) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_ (Name of attendant at birth) \_\_\_\_\_, who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

(SEAL)

Notary Public, residing at \_\_\_\_\_

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291 122 006696

318688

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years 4 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State west Idaho (b) County Bingham  
(c) City Idaho Falls  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Ferdinand Wilford Kraft

5. Date of Birth

(Month, day year) December 22, 1899

6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_  
1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ferdinand Kraft  
11. Color or Race \_\_\_\_\_ 12. Age at time of THIS birth \_\_\_\_\_ yrs.  
13. Birthplace Cassell Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Decorator  
15. Industry or Business Painting

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Frecklin  
17. Color or Race \_\_\_\_\_ 18. Age at time of THIS birth \_\_\_\_\_ yrs.  
19. Birthplace Marietta Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

26. (a) AUG 15 1941 (b) Mabel Hedges  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Kraft, being first duly sworn, say that I am Related to  
(Related to (or) acquainted with)  
as mother, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson, who attended

said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Rosa Kraft Signature  
155 Hawks Court Salt Lake City ut P. O. Address

Subscribed and sworn to before me on this 4th day of August, 1941  
(SEAL) Charles P. Bone Notary Public, residing at Salt Lake City ut

1-20-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

636-206 001 259  
United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

# 318718  
318718  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH**  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 2nd & Washington  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 2nd & Washington  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.  
(f) Mother's mailing address Same as above  
3. **RESIDENCE of FATHER** (city, state) Boise, Idaho.

4. **FULL NAME OF CHILD** Ethel Kathryn O'Connor  
6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

5. Date of Birth  
(Month, day year) August 6, 1897.  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? Yes \_\_\_\_\_

**FATHER OF CHILD**  
10. **FULL NAME** James O'Connor  
11. Color White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Blackfoot Montana  
(City or town) (State or foreign country)  
14. Exact Occupation Constable--Boise Prec. #2  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Florence Ethel Berry  
17. Color White 18. Age at time of THIS birth 18 yrs.  
19. Birthplace London, England  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead 0 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) AUG 22 1941 (b) Mary H. E. E. E.  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Ada }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, James O'Connor, being first duly sworn, say that I am related to \_\_\_\_\_ (Related to (or) acquainted with)  
Ethel Kathryn O'Connor Sales as \_\_\_\_\_ Father, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Collister, who attended (Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

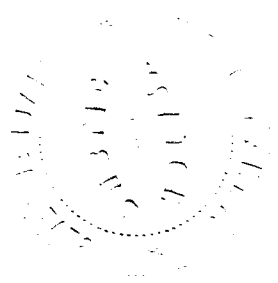
Subscribed and sworn to before me on this 22 day of August, 1941  
(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida  
Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_

1.1.1 8-22-11  
APR 13 1981

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364 125 001 813

# 318 729

318729

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

AUG 25 1941

1. PLACE OF BIRTH

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D.N. 1519 North 12th St  
(d) Name of Hospital or Maternity Home: 12th St

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home 4 days.  
IN THIS county 32 years 20 month ✓ days ✓

4. FULL NAME OF CHILD

Ralph Newton Tourtellotte

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

FATHER OF CHILD

10. FULL NAME John Everett Tourtellotte

11. Color or Race White 12. Age at time of THIS birth 28 yrs.

13. Birthplace East Thompson Connecticut  
(City or town) (State or foreign country)

14. Exact Occupation Architect

15. Industry or Business architect

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

AUG 25 1941

26. (a) \_\_\_\_\_ (Date received) (b) Maud H. Eber (Mother etc.) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of Idaho } ss.  
County of Ada

I, W.E. Pierce, being first duly sworn, say that I am life-long friend of parents &  
Ralph Newton Tourtellotte as \_\_\_\_\_, whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attending physician, who attended  
(Name of attendant at birth)  
said birth is deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me on this 25th day of August, 1941

(SEAL)

Trancey M. Hanna Notary Public, residing at Boise, Idaho  
Notary Public for Idaho

P. O. Address \_\_\_\_\_

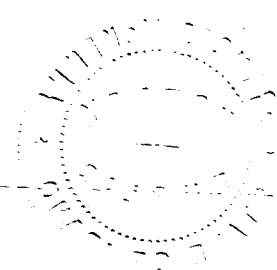


1-05-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367 117-044-664

318787

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

AUG 20 1941

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Wash. (b) City Salubria  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at our home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county 14 years 6 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Wash.  
(c) City Salubria  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 24 yrs.  
(f) Mother's mailing address. \_\_\_\_\_

4. FULL NAME

OF CHILD William J Bryan Cox

5. Date of Birth

(Month, day year) March 14-1897

6. Sex

Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL  
NAME

Jerome Benjamin Cox

11. Color  
or Race

White

12. Age at time  
of THIS birth 49 yrs.

13. Birthplace

Cumberland Co. Kentucky  
(City or town) (State or foreign country)

14. Exact  
Occupation  
15. Industry or  
Business

Laborer

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

Comarah Alice Womack

17. Color  
or Race

White

18. Age at time  
of THIS birth 32 yrs

19. Birthplace

Newton Illinois  
(City or town) (State or foreign country)

20. Exact  
Occupation  
21. Industry or  
Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9  
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn) \_\_\_\_\_  
and at the place stated above, and that personal particulars were furnished by Alice Cox, who is  
related to this child as mother (First name) (Last name)

26. (a) Aug 20-1941 (b) Margaret E. Elder  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's  
OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Washington

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, WILLIAM ALICE COX, being first duly sworn, say that I am related to  
Jerome Benjamin Cox as Mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Bradley Edmonson, who attended  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

\_\_\_\_\_  
Signature  
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of August, 19 41

(SEAL)

Margaret Vogel Notary Public, residing at Cambridge, Ida.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

465 726 014 469

# 318862

318862

United States  
Department of Commerce  
Bureau of Census

AUG 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

1. PLACE OF BIRTH

(a) County Canyon (b) City Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Nampa  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 2 yrs.  
(f) Mother's mailing address Nampa

3. RESIDENCE of FATHER (city, state) Nampa

4. FULL NAME OF CHILD

Clifford Wellington Monce

5. Date of Birth  
(Month, day year) Dec. 26, 1897

6. Sex Male Twin or If so—born  
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy  
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Harry G. Monce  
11. Color White 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Beatrice Nebraska  
(City or town) (State or foreign country)  
14. Exact Occupation Owner of farm  
15. Industry or Business Nurseryman

MOTHER OF CHILD

16. FULL MAIDEN NAME Morden  
Martha Lucretia  
17. Color White 18. Age at time of THIS birth 18 yrs.  
19. Birthplace Bore Bay Canada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

26. (a) AUG 27 1941 (b) Martha L Jennings  
(Date received) (Registrar's signature)  
27. Given name added on ..... by .....  
(Registrar's signature)

25. Attendant's OWN signature ..... M.D.  
(D.O., Midwife, etc.)  
and address ..... Date

State of Idaho } ss.  
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED

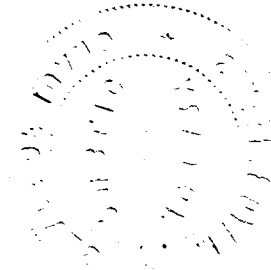
I, Martha L Jennings, being first duly sworn, say that I am Martha L Jennings  
Clifford Wellington Monce (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that Dr. Hatten, who attended  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased, (or) cannot be located)

Subscribed and sworn to before me on this 27 day of August, 1941.  
(SEAL) Martha L Jennings Signature  
Notary Public, residing at Nampa, Idaho. O. Address

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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454 221022 294

318990

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
AUG 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Freemont (b) City Independence  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 1 years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Freemont  
(c) City Independence  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 20 yrs.  
(f) Mother's mailing address \_\_\_\_\_

4. FULL NAME OF CHILD

Blanche Vera Dempsey

5. Date of Birth

(Month, day, year) July 21-97

6. Sex

Female

7. Twin or Triplet

If so—born \_\_\_\_\_  
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James Dempsey

11. Color or Race

white

12. Age at time of THIS birth

20 yrs.

13. Birthplace

Taunton Mont  
(City or town) (State or foreign country)

14. Exact Occupation

Rancher

15. Industry or Business

Miner

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Helen Kimball

17. Color or Race

white

18. Age at time of THIS birth

18 yrs.

19. Birthplace

Paris Bear Lake Co Idaho  
(City or town) (State or foreign country)

20. Exact Occupation

House work

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, ~~stillborn~~)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as mother (First name) (Last name)  
(Mother, etc.)

26. (a) Aug 22-1941 (b) Mary H. Buckley  
(Date received) (Registrar's signature)

25. Attendant's

OWN signature \_\_\_\_\_

M.D.

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

and address \_\_\_\_\_

(D.O., Midwife, etc.)  
Date \_\_\_\_\_

State of CALIFORNIA

County of LOS ANGELES

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Cariline Buckley, being first duly sworn, say that I am the mother ( related to )  
Blanche Vera Dempsey as Mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Peterson, who attended said birth, cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Mary Cariline Buckley Signature

40, St. James Park P. O. Address

Subscribed and sworn to before me on this 18 day of AUGUST, 19 41

(SEAL)

Notary Public, residing at

10551 Troon Ave

LOS ANGELES CAL

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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415-229035993

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319004  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH **In country near pre- Nez Perce sent town Chesley**
- (a) County **Nez Perce** (b) **sent town Chesley**
- (c) Street Address or R.F.D.No.
- (d) Name of Hospital or Maternity Home: **in own home**
- (e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. days. **none**  
IN THIS county years **3** month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
- (a) State (b) County
- (c) City
- (d) Street Address or R.F.D.No.
- (e) How long has MOTHER lived in Idaho? yrs.
- (f) Mother's mailing address.

4. FULL NAME OF CHILD **Beulah Elva Daniels**
5. Date of Birth (Month, day year) **6/29/1897**
6. Sex **female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **yes**

- FATHER OF CHILD
10. FULL NAME **James Edward Daniels**
11. Color **white** 12. Age at time of THIS birth **21** yrs.
13. Birthplace **London, Canada** (City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business **"**
- MOTHER OF CHILD
16. FULL MAIDEN NAME **Elva Victoria Richardson**
17. Color **white** 18. Age at time of THIS birth **19** yrs.
19. Birthplace **Lebanon, Oregon** (City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **none**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **unknown**
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**  
(c) Born alive and now dead **0** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) **Aug 25 - 1941** (b) **Mary E. Elder** (Mother, etc) (Date received) (Registrar's signature)
25. Attendant's **OWN** signature. M.D. (D.O., Midwife, etc.)
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ (Registrar's signature) Date

State of **California**  
County of **San Bernardino** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **James Edward Daniels**, being first duly sworn, say that I am **related** **Beulah Elva Daniels** as **parent** (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Holliday** (Name of attendant at birth) said birth **is not deceased** and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **21st** day of **August**, 19**41**  
(SEAL) **Ray E. Hinder** Notary Public, residing at **San Bernardino**  
**James Edward Daniels** Signature  
**769 No Citrus, Fontana, California** P. O. Address



500 6/27/41  
JUN 22 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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295 222044-219

319034

United States  
Department of Commerce  
Bureau of Census

AUG 22 1941 the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. <u>at home</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county <u>11</u> years month days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Wash.</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. <u>at home</u> (e) How long has MOTHER lived in Idaho? <u>11</u> yrs. (f) Mother's mailing address <u>Weiser, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Sara Emma Sindén</u>		<b>5. Date of Birth</b> (Month, day year) <u>March, 22, 1897</u>	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> <u>no</u> If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Joseph Daniel Sindén</u>		<b>16. FULL MAIDEN NAME</b> <u>Barbara Francis Barton</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>31</u> yrs.		<b>18. Age at time of THIS birth</b> <u>27</u> yrs.	
<b>13. Birthplace</b> <u>Marion County, Mo.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Henry Co. Tenn</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farming</u>		<b>20. Exact Occupation</b> <u>House wife</u>	
<b>15. Industry or Business</b> <u>Farming</u>		<b>21. Industry or Business</b> <u>Id.</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>no</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead _____ (d) Stillborn _____			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
<b>26. (a)</b> <u>AUG 22 1941</u> (Date received)		<b>25. Attendant's OWN signature</b> _____ M.D. (D.O., Midwife, etc.) _____	
<b>27. Given name added on</b> _____ by _____ (Registrar's signature)		<b>and address</b> _____ Date _____	

State of Idaho } ss.  
County of Washington

I, Barbara Stephens, being first duly sworn, say that I am the mother of \_\_\_\_\_ (Related to (or) acquainted with) \_\_\_\_\_ as the mother of \_\_\_\_\_ (State relationship or acquaintance) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Haven (Name of attendant at birth) \_\_\_\_\_, who attended said birth is now deceased (Is now deceased (or) cannot be located) \_\_\_\_\_ and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 31<sup>st</sup> day of August, 1941

(SEAL)

Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_  
Notary Public, residing at Weiser, Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

363-210 003-789

319075

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.  
Local Reg. No.  
Reg. Dist. No.

AUG 27 1941

CERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH

- (a) County Bannock (b) City Soda Springs  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock  
(c) City Soda Springs  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state)

4. FULL NAME  
OF CHILD

Sarah Collett

5. Date of Birth

(Month, day year) Jan 10 1897

6. Sex

Female Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL  
NAME

Daniel Ward Collett

11. Color  
or Race White

12. Age at time  
of THIS birth 29 yrs.

13. Birthplace

Smithfield Utah

(City or town) (State or foreign country)

14. Exact  
Occupation

Farmer

15. Industry or  
Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

Sarah Lottie Phillips

17. Color  
or Race White

18. Age at time  
of THIS birth 24 yrs.

19. Birthplace

Brigham City Utah

(City or town) (State or foreign country)

20. Exact  
Occupation

House Wife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3

(b) Born alive and now living 3

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10.30 P. M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Sarah Collett, who is related to this child as Mother

(First name) (Last name)

26. (a) Aug 25, 1941 (b) M. E. Fisher

(Date received)

(Registrar's signature)

25. Attendant's

OWN signature.

M.D.

(D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_

(Registrar's signature)

and address \_\_\_\_\_

Date \_\_\_\_\_

State of Idaho } ss.  
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED

I, Sarah Lottie Phillips Collett, being first duly sworn, say that I am \_\_\_\_\_ related \_\_\_\_\_

Sarah Collett  
(Name of person on certificate above)

as Mother  
(State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson, who attended

(Name of attendant at birth)

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Sarah Lottie Collett  
Dayton, Idaho

Signature

P. O. Address

Subscribed and sworn to before me on this 25th day of August, 1941

(SEAL)

Notary Public, residing at Preston, Idaho

10-15  
10-3-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319114

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF BIRTH

(a) County Nez Perce (b) City Lewiston  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery: At home  
In Hosp. or Mat. Home. .... days  
IN THIS county years month days

## 4. FULL NAME OF CHILD

Josephine May Peterson6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

## FATHER OF CHILD

## 10. FULL NAME

Julius Christian Peterson

11. Color White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Maribo Denmark  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce  
(c) City Lewiston

(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 21 yrs.(f) Mother's mailing address Lewiston Idaho3. RESIDENCE of FATHER (city, state) Lewiston Idaho

## 5. Date of Birth

(Month, day year) Aug 7, 1897

## 8. No. months

of Pregnancy 99. Legitimate? Yes

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

Nellie May Englis

17. Color White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Lewiston Idaho  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

26. (a) AUG 29 1941 (b) Parent  
(Date received) (Registrar's signature)

27. Given name added on: ..... by .....  
(Registrar's signature)

25. Attendant's OWN signature ..... M.D.  
(D.O., Midwife, etc.)  
and address ..... Date

State of WASHINGTON  
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED

I, Julius C. Peterson, being first duly sworn, say that I am parent of  
Josephine May Peterson as father (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that J. B. Morris, M.D., who attended

said birth is now deceased and that this birth has not been previously recorded  
(Is now deceased (or) cannot be located)

X Julius C. Peterson Signature  
107 W Poplar Walla Walla Address

Subscribed and sworn to before me on this 27th day of August, 19 41.  
(SEAL) J. B. Morris Notary Public, residing at Walla Walla, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 207035-557

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }  
County of Nez Perce } SS. Certificate No. 319114  
Date Filed Sept. 4, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Josephina May Paterson who was born on Aug. 7, 1897  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in Lewiston Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by Testimony of Sister prepared on March 3 1943, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED  
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)

FROM  
(AS ON ORIGINAL)

TO  
(THE CORRECT FACTS)  
Nellie Josephine Peterson

Name

Josephine May

Nellie Josephine Peterson

Subscribed and sworn to before me this 3  
day of March 1943

Signed X

Estelle C. Culp  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Edmond, Oklahoma  
My commission expires May 18 1946  
(SEAL)

7625 E. Harrison Spokane Wash  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash }  
County of Fring } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge

Subscribed and sworn to before me this 3  
day of March 1943

Signed X

Mack E. Ellledge  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Edmond, Oklahoma  
My commission expires May 18 1946  
(SEAL)

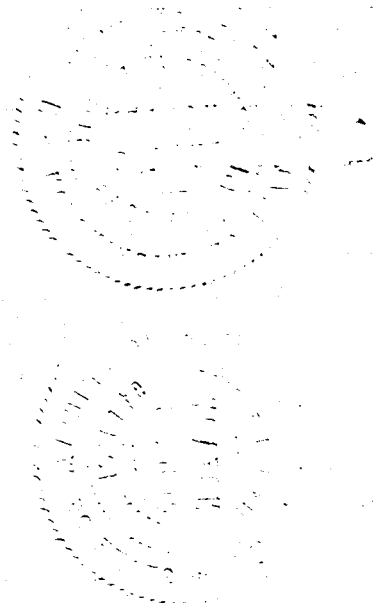
Edmond, Okla.  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)



MAR 26 1943



United States  
Department of Commerce  
Bureau of Census

SEP 2 1941 Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (a) County Ada (b) City Boise  
(c) Street Address or R.F.D.No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home x days. whole time  
IN THIS county 8-10 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Boise Ada  
(c) City Boise  
(d) Street Address or R.F.D.No. ....  
(e) How long has MOTHER lived in Idaho? 30 yrs.  
(f) Mother's mailing address Boise, Idaho
3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD ROYAL STACEY HILL  
5. Date of Birth Dec. 8, 1897  
(Month, day year)
6. Sex male 7. Twin or Triplet    If so—born 1st, 2nd, 3rd     
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME JOHN CALVIN HILL  
11. Color white 12. Age at time of THIS birth 57 yrs.  
or Race
13. Birthplace Nashville, Tennessee  
(City or town) (State or foreign country)
14. Exact Occupation miner  
15. Industry or Business own mine
- MOTHER OF CHILD
16. FULL MAIDEN NAME HANNAH STACEY  
17. Color white 18. Age at time of THIS birth 37 yrs.  
or Race
19. Birthplace Snowshoe Pennsylvania  
(City or town) (State or foreign country)
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum     
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was    at    M. on the date     
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by   , who is related to this child as    (First name) (Last name)

26. (a) SEP 2 1941 (b) Mary E Elder 25. Attendant's OWN signature    M.D.  
(Date received) (Registrar's signature) (D.O., Midwife, etc.)  
27. Given name added on    by    and address    Date     
(Registrar's signature)

State of California  
County of Santa Clara } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

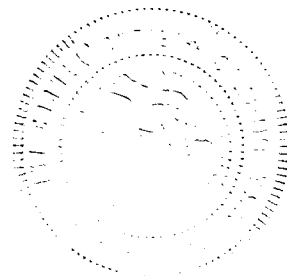
I, HANNAH HILL GRAY, being first duly sworn, say that I am the mother  
ROYAL STACEY HILL (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor's name, who attended said birth is unknown to me and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23rd day of August, 19 41  
(SEAL) Catherine A. Tesce Signature  
284 North 3rd Street, San Jose, Calif. P. O. Address  
Notary Public, residing at San Jose, Santa Clara County, California

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-215-001 215

319196

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
Department of Commerce SEP 2 1941 CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
Bureau of Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County Ada (b) City Boise  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at a privet home Floor St.  
(e) Mother's stay BEFORE delivery: \_\_\_\_\_  
In Hosp. or Mat. Home. \_\_\_\_\_ days. none  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County ada  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 17 yrs.  
(f) Mother's mailing address Highland Valley
3. RESIDENCE of FATHER (city, state) " , Ida.

4. FULL NAME OF CHILD Gladys Elizabeth Wooden 5. Date of Birth \_\_\_\_\_  
(Month, day year) 12/15/1897
6. Sex girl 7. Twin or Trip'et no If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME John L Wooden
11. Color \_\_\_\_\_ 12. Age at time of THIS birth. 31 yrs.  
or Race white
13. Birthplace. Etna-Green, Indiana  
(City or town) (State or foreign country)
14. Exact Occupation log scaler
15. Industry or Business Logging camp
- MOTHER OF CHILD
16. FULL MAIDEN NAME Edna Emily Sandlin
17. Color \_\_\_\_\_ 18. Age at time of THIS birth. 20 yrs.  
or Race white
19. Birthplace. Modena, Missouri  
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child. 1, (b) Born alive and now living yes  
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive a night M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

26. (a) SEP 2 1941 (b) Mary Beeder 25. Attendant's \_\_\_\_\_ M.D.  
(Date received) (Registrar's signature) OWN signature \_\_\_\_\_ (D.O., Midwife, etc.)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_  
(Registrar's signature) Date \_\_\_\_\_

State of Washington } ss.  
County of Clark

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

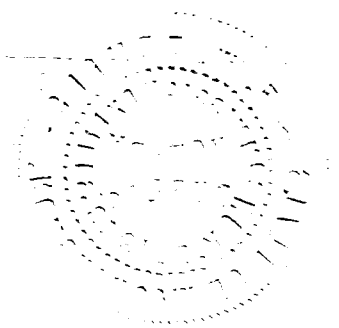
I Edna Emily Wooden, being first duly sworn, say that I am \_\_\_\_\_  
Gladys Elizabeth Wooden mother (Related to (or) acquainted with) \_\_\_\_\_  
(Name of person on certificate above) as. (State relationship or acquaintance) \_\_\_\_\_  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Robins, who attended said birth is now deceased (Name of attendant at birth) \_\_\_\_\_  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 12th day of August \_\_\_\_\_ Signature \_\_\_\_\_  
(SEAL) Edna Emily Wooden \_\_\_\_\_  
Route #3, Vancouver, Wash \_\_\_\_\_  
41 P. O. Address \_\_\_\_\_  
Vancouver, Wash \_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

SEP 11 1941

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319482**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF BIRTH:**  
(a) County Bannock (b) City Henry  
(c) Street Address or R.F.D. No. Rural  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 3 years \_\_\_\_\_ month \_\_\_\_\_ days.

**2. USUAL RESIDENCE of MOTHER:** (At time of this birth)  
(a) State Idaho (b) County Caribou  
(c) City Henry Bannock  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 3 yrs.  
(f) Mother's mailing address Henry, Idaho  
**3. RESIDENCE of FATHER** (city, state): Henry, Idaho

**4. FULL NAME OF CHILD** Anna Marie Christensen

**5. Date of Birth**  
(Month, day, year) Aug. 28, 1897

**6. Sex** Female **7. Twin or Triplet** \_\_\_\_\_ **If so—born**  
**1st, 2nd, 3rd** \_\_\_\_\_

**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

## FATHER OF CHILD

## MOTHER OF CHILD

**10. FULL NAME** Andrew Christensen  
**11. Color or Race** White **12. Age at time of THIS birth** 43 yrs.  
**13. Birthplace** Denmark  
(City or town) (State or foreign country)  
**14. Exact Occupation** Stockman  
**15. Industry or Business** Ranching

**16. FULL MAIDEN NAME** Mary Ross  
**17. Color or Race** White **18. Age at time of THIS birth** 29 yrs.  
**19. Birthplace** Newcastle, England  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** \_\_\_\_\_

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** \_\_\_\_\_

**23. Number of children of this mother:** (a) At time of birth and including this child one (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

**26. (a)** \_\_\_\_\_ (Date received) **(b)** Mary T. G. G. G. (Registrar's signature)

**25. Attendant's OWN signature** \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

**27. Given name added on** \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of Utah }  
County of Salt Lake } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Heatley, being first duly sworn, say that I am acquainted with Anna Marie Christensen as acquaintance - Friend of family (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. T. Wilson, who attended said birth is now deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 4th day of September, 1941

(SEAL)

Notary Public, residing at Salt Lake City

My Commission Expires Dec. 1, 1944

SEP 17 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764 1A 016-249

319496

United States (Be sure the information is as of date of birth of THIS child) State File No.   
 Department of Commerce SEP 11 1941 CERTIFICATE OF BIRTH Local Reg. No.   
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Cassia (b) City Oakley   
 (c) Street Address or R.F.D. No. ---   
 (d) Name of Hospital or Maternity Home: None, born at home   
 (e) Mother's stay BEFORE delivery: IN THIS county XX years XX month XX days   
 In Hosp. or Mat. Home XX days.   
 2. USUAL RESIDENCE of MOTHER (At time of this birth)   
 (a) State Idaho (b) County Cassia   
 (c) City Oakley   
 (d) Street Address or R.F.D. No. ---   
 (e) How long has MOTHER lived in Idaho? 19 yrs.   
 (f) Mother's mailing address Oakley, Idaho   
 3. RESIDENCE of FATHER (city, state) Oakley, Ida

4. FULL NAME OF CHILD William Richard Poulton 5. Date of Birth (Month, day year) Sept. 19, 1897   
 6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd   
 8. No. months of Pregnancy   
 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William S. Poulton</u>	16. FULL MAIDEN NAME <u>Sarah Ann Burch</u>	11. Color or Race <u>American</u>	17. Color or Race <u>American</u>
12. Age at time of THIS birth <u>40</u> yrs.	18. Age at time of THIS birth <u>31</u> yrs.	13. Birthplace <u>Hampshire, England</u> (City or town) (State or foreign country)	19. Birthplace <u>Grantsville, Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer and stockraiser</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Farmer and stockraiser</u>	21. Industry or Business <u>"</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum None   
 23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6   
 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)   
 and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) \_\_\_\_\_ (Date received) (b) Mark E. Allen (Registrar's signature) 25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)   
 27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature) and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.   
 County of Cassia

I, Thomas A. Poulton, being first duly sworn, say that I am the eldest brother of William Richard Poulton as his eldest brother (Related to (or) acquainted with)   
 (Name of person on certificate above) (State relationship or acquaintance)   
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Albee, who attended said birth is now deceased, and that this birth has not been previously recorded.   
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of September, 1941.   
 (SEAL) Thomas A. Poulton Signature   
Burley, Cassia Co., Idaho P. O. Address   
Notary Public, residing at Burley, Idaho.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

565-109 025-495

United States (Be sure the information is as of date of birth of THIS child) State File No. **319539**  
Department of Commerce SEP 12 1941 CERTIFICATE OF BIRTH  
Bureau of Census STATE OF IDAHO Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH *Idaho*  
(a) County *Blaine* (b) City *Chamquille*  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State *Idaho* (b) County *Idaho*  
(c) City *Denver*  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? *20 yrs.*  
(f) Mother's mailing address *Denver Ida.*

3. RESIDENCE of FATHER (city, state) *Denver Ida.*

4. FULL NAME OF CHILD *Otto Herman von Barger*  
5. Date of Birth (Month, day year) *Aug 9-1897*  
6. Sex *male* 7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME *Herman von Barger* 16. FULL MAIDEN NAME *Mary Dierks*  
11. Color or Race *white* 12. Age at time of THIS birth *42* yrs. 17. Color or Race *white* 18. Age at time of THIS birth *33* yrs.  
13. Birthplace *Dornbush Germany* (City or town) (State or foreign country) 19. Birthplace *Herrnburg Germany* (City or town) (State or foreign country)  
14. Exact Occupation *Farmer* 20. Exact Occupation *Farmer*  
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child *3* (b) Born alive and now living *3*  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

26. (a) SEP 12 1941 (b) *Mabel J. Greer* 25. Attendant's OWN signature ..... M.D.  
(Date received) (Registrar's signature) (D.O., Midwife, etc.)  
27. Given name added on ..... by ..... and address ..... Date  
(Registrar's signature)

State of *Idaho* } ss.  
County of *Blaine*  
I, *J. D. Shumacher M.D.*, being first duly sworn, say that I am *acquainted with* *Otto Herman von Barger*, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Dr. B. B. B.* (Name of attendant at birth) who attended said birth *deceased* and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this *10th* day of *September*, 1941.  
(SEAL) *Opal J. Lee* Notary Public, residing at *Grangeville, Ida.*  
My Commission expires *July 1, 1944.*

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Idaho } ss.

Certificate No. 319539

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Otto Herman von Barger was born August 9th 1897  
(Name on original certificate) (Was born or died) (Date of event)  
in Idaho are erroneous or ~~was omitted~~ and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by J. Schinnick, M.D. prepared on September 10th 1941, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Place of birth

Idaho

Grangeville

B. City

Subscribed and sworn to before me this 16th  
day of October, 19 41.

Signed J. Schinnick M.D.  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Grangeville, Idaho.

108 N. State Street.  
Grangeville, Idaho  
(Street Address, City, State)

My commission expires July 1, 1944.  
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Idaho } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th  
day of October, 19 41.

Signed C. W. Thompson  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Grangeville, Idaho.

119 N. 2nd Street.  
Grangeville, Idaho.  
(Street Address, City, State)

My commission expires July 1, 1944.  
[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763 110-001-464

United States  
Department of Commerce  
Bureau of Census

SEP 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319672  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Ada (b) City Star  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: At home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 16 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address \_\_\_\_\_
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Arthur Potter
5. Date of Birth (Month, day, year) Jan. 10, 1897
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Joel Potter
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Coffeyville, Kansas  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Belle Douglass
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Springfield, Missouri  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7  
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 6 A. M. on the date (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Mary Potter, who is related to this child as Mother (Mother, etc.)  
(First name) (Last name)

26. (a) SEP 15 1941 (b) Mary Belle Douglass 25. Attendant's OWN signature \_\_\_\_\_ M.D. (Date received) (Registrar's signature) \_\_\_\_\_ (D.O., Midwife, etc.)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_  
(Registrar's signature)

State of Idaho }  
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joel Potter, being first duly sworn, say that I am related to (Related to (or) acquainted with)  
Arthur Potter as father, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Frances Douglass, who attended (Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Joel Potter Signature  
Gem, Idaho P. O. Address  
Subscribed and sworn to before me on this 29th day of August, 19 41  
(SEAL) Emmett, Idaho Notary Public, residing at

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-115-028-299

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **820922**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH

(a) County Roots (b) City Springerton  
(c) Street Address or R.F.D. No. none Station  
(d) Name of Hospital or Maternity Home: none Born at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home none days.  
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Roots  
(c) City Springerton Station  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 6 1/2 yrs.  
(f) Mother's mailing address Harmon, Idaho

3. RESIDENCE of FATHER (city, state) Springerton, Idaho

4. FULL NAME OF CHILD

Samuel Hugh Bentley Savitz

5. Date of Birth March 15, 1947  
(Month, day year)

6. Sex Male 7. Twin or Triplet no If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Frank Savitz  
11. Color or Race White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Myerth, Pennsylvania  
(city or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farm

16. FULL MAIDEN NAME Agnes Estelle Birdsell  
17. Color or Race White 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Assau, Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum no  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4  
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

26. (a) SEP 22 1941 (b) Mabel Heeder  
(Date received) (Registrar's signature)

25. Attendant's OWN signature ..... M.D.  
(Name of attendant at birth) (D.O., Midwife, etc.)  
and address ..... Date .....

27. Given name added on ..... by .....  
(Registrar's signature)

State of Oregon } ss.  
County of Missoula

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elw Savitz, being first duly sworn, say that I am Related (Related to (or) acquainted with) Brother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dad (Name of attendant at birth) who attended said birth Cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

R W Savitz Signature  
P. O. Address .....

Subscribed and sworn to before me on this 17 day of September, 19 47.  
(SEAL) Allen Zentgraf Notary Public, residing at Portland, Oregon



# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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7  
25  
67  
18

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-110-040-915

320995

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
Bureau of Census SEP 19 1941 STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County Shoshone (b) City Wardner  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay BEFORE delivery: \_\_\_\_\_  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 2 years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Wardner  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 2 yrs.  
(f) Mother's mailing address Wardner, Idaho

3. RESIDENCE of FATHER (city, state Wardner Ida.)

4. FULL NAME OF CHILD Thomas Henry Forde 5. Date of Birth Jan. 10, 1897  
(Month, day year)

6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? \_\_\_\_\_

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Thomas Henry Forde 16. FULL MAIDEN NAME Rosemond Ramsome  
11. Color White 12. Age at time of THIS birth 35 yrs. 17. Color White 18. Age at time of THIS birth 18 yrs.  
or Race \_\_\_\_\_ of THIS birth \_\_\_\_\_ of THIS birth \_\_\_\_\_  
13. Birthplace County Cork, Ireland 19. Birthplace The Dalles, Oregon  
(City or town) (State or foreign country) (City or town) (State or foreign country)  
14. Exact Occupation Miner 20. Exact Occupation Housewife  
15. Industry or Business \_\_\_\_\_ 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) SEP 19 1941 (Date received) (b) Mary E. Elder (Mother etc.) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature) 25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington } ss.  
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosemond Forde Hudson, being first duly sworn, say that I am The Mother  
of Thomas Henry Forde as Mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that The Physician, who attended said birth cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 25th day of Aug., 1941  
(SEAL) John N. Todd Notary Public, residing at Mercer Is. Co.  
Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

CLP 2 2 19

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433 125 031 213

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

321085

State File No.....

Local Reg. No.....

Reg. Dist. No.....

RECEIVED

## 1. PLACE OF BIRTH:

(a) County..... Lewis..... (b) City..... Forest.....

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:

Home

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home..... days.

In **THIS** county..... years..... months..... days.

## 2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State..... Idaho..... (b) County..... Shoshone.....

(c) City..... Kellogg.....

(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho?..... 60 yrs.

(f) Mother's mailing address..... Kellogg Idaho

## 3. RESIDENCE OF FATHER (city, state) Kellogg Idaho

## 4. FULL NAME OF CHILD

Eugene Lewis McCoy

## 5. Date of Birth

(Month, day, year) Sept. 25, 1897

6. Sex..... male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9

9. Legitimate? yes

## FATHER OF CHILD

## 10. FULL NAME

Mason Spencer McCoy

11. Color or Race..... white..... 12. Age at time of THIS birth..... 25 yrs.

13. Birthplace..... Dayton Wash.....  
(City or town) (State or foreign country)

14. Exact Occupation..... sawmill worker

15. Industry or Business.....

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

Mary Hacker

17. Color or Race..... white..... 18. Age at time of THIS birth..... 23 years

19. Birthplace..... Hamburg Germany.....  
(City or town) (State or foreign country)

20. Exact Occupation..... Housewife

21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child..... 1..... (b) Born alive and now living.....  
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... born alive..... 1:30 AM on the date  
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... Mrs. Mary McCoy....., who is  
related to this child as..... Mother.....  
(Mother, etc.) (First name) (Last name)

26. (a) SEP 22 1941..... (b) Mabel Heffer.....  
(Date received) (Registrar's signature)

25. Attendant's  
**OWN** signature..... M.D. or.....  
(D.O., Midwife, etc.)

27. Given name added on..... by.....  
**RECEIVED** (Registrar's signature)

and address..... Date.....

State of..... Idaho.....  
County of..... Shoshone..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I..... Mrs. Mary McCoy....., being first duly sworn, say that I am..... related to.....  
(Related to (or) acquainted with)  
..... Eugene Lewis McCoy..... as..... Mother....., whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that..... Zoa Nye....., who attended  
said birth..... is now deceased..... and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Mrs. Mary McCoy..... Name  
Kellogg Idaho..... P. O. Address

Subscribed and sworn to before me on this 24th day of Sept. 1941

(SEAL)

Mary M. Street..... Notary Public, residing at..... Kellogg Idaho.....

Commission expires July 30, 1945

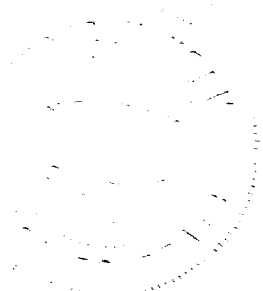
1-30-41

0017

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

148 716 001 692

321108

United States (Be sure the information is as of date of birth of THIS child) State File No. ....  
Department of Commerce SEP 29 1941 CERTIFICATE OF BIRTH Local Reg. No. ....  
Bureau of Census STATE OF IDAHO Reg. Dist. No. ....

1. PLACE OF BIRTH  
(a) County Ada (b) City Eagle, Ida.  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home: Born at home.  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. 1 days.  
IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Eagle  
(d) Street Address or R.F.D. No. 1  
(e) How long has MOTHER lived in Idaho? 20 yrs.  
(f) Mother's mailing address. Dead

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Elmer Roy Johnson

5. Date of Birth (Month, day year) May 16, 1897

6. Sex Male 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd None 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard Johnson

11. Color or Race White 12. Age at time of THIS birth. 41 yrs.

13. Birthplace Scranton, Pennsylvania  
(City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME MARYANN WEBSTER

17. Color or Race White 18. Age at time of THIS birth. 31 yrs.

19. Birthplace Sheffield, England  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Neither

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child. 13 (b) Born alive and now living 11  
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

25. Attendant's OWN signature (D.O., Midwife, etc.)  
26. (a) ..... (Date received) (b) Mary I. Collier (Registrar's signature)  
27. Given name added on ..... by ..... and address ..... Date .....

State of Idaho } ss. X  
County of Adams

I, Frank Johnson, being first duly sworn, say that I am related to Elmer Roy Johnson as his brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hall (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Frank Johnson Signature  
Indian Valley, Idaho P. O. Address  
Subscribed and sworn to before me on this 25th day of September, 19 41  
(SEAL) W. Swanton Notary Public, residing at Council, Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

1-30-41  
1-2-41  
MAY 25 1962

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355731025-245

321115

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

SEP 26 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH South Fork Salmon River  
(a) County Idaho (b) City 20 miles  
(c) Street Address or R.F.D. No. from Warren, Idaho  
(d) Name of Hospital or Maternity Home:  
none  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. XX days.  
IN THIS county 19 years 4 month 22 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City so. fork Salmon River - 20 miles from Warren, Idaho.  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 19 yrs.  
(f) Mother's mailing address Warren, Idaho

4. FULL NAME OF CHILD Orville Leech

5. Date of Birth March 31, 1897  
(Month, day year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Daniel Harry Leech  
11. Color or Race White 12. Age at time of THIS birth. 24 yrs.  
13. Birthplace unknown Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business

16. FULL MAIDEN NAME Margaret Ann Smead  
17. Color or Race White 18. Age at time of THIS birth. 19 yrs.  
19. Birthplace Warren Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3  
(c) Born alive and now dead One (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)

26. (a) SEP 26 1941 (b) Registrar's signature  
27. Given name added on by Registrar's signature and address Date

State of Washington } ss.  
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Margaret Ann Leech, being first duly sworn, say that I am related to Orville Leech as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Smead, who attended said birth is now deceased and that this birth has not been previously recorded. Is now deceased (or) cannot be located

Signature Date  
Mrs. Margaret Ann Leech  
8158-20th Southwest - Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 30 day of Sept. 1941  
(SEAL) Carl F. Beyers Notary Public, residing at S. 4000



7-30-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493702001-759  
United States OCT 2 1941  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

# 821216  
321216  
State File No.  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH**  
(a) County Ada (b) City Meridian  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
Home Residence  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. days  
IN THIS county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Meridian  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 3 yrs.  
(f) Mother's mailing address Meridian, Idaho

**4. FULL NAME OF CHILD** Homex Wilkins Millett  
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**3. RESIDENCE of FATHER** (city, state) Meridian, Ida  
5. Date of Birth (Month, day year) 3-2-1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. FULL NAME Martin Homex Millett  
11. Color or Race White 12. Age at time of THIS birth 46 yrs.  
13. Birthplace Adrian, Michigan  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. FULL MAIDEN NAME Ruth Elizabeth Perkins  
17. Color or Race White 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Albany, New York  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 3 P. M. on the date (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Ruth Millett-Nelson who is related to this child as Sister (First name) (Last name)

26. (a) OCT 2 1941 (b) Mary E. Fisher  
(Date received) (Registrar's signature)

25. Attendant's OWN signature W. H. Hall M.D.  
(D. O. Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

and address Boise Date OCT. 1941

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, \_\_\_\_\_, being first duly sworn, say that I am \_\_\_\_\_ (Related to (or) acquainted with)  
\_\_\_\_\_ as \_\_\_\_\_, whose birth certificate (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended (Name of attendant at birth)  
said birth \_\_\_\_\_ and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
P. O. Address  
Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
(SEAL) \_\_\_\_\_ Notary Public, residing at \_\_\_\_\_

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-223020-619

# 321249

321249

United States  
Department of Commerce  
Bureau of Census  
RECEIVED  
Ensure the information is as of date of birth of THIS child)  
State File No.  
Local Reg. No.  
Reg. Dist. No.  
CERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH  
(a) County Blaine (b) City Pine  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Pine  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 2 yrs.  
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elsie May Roberts  
5. Date of Birth (Month, day year) Jan 23, 1897  
6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Llewellyn Roberts 11. Color W 12. Age at time of THIS birth 23 yrs.  
13. Birthplace West Hallett, Illinois (City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business

16. FULL MAIDEN NAME Cordelia Warner 17. Color W 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Acadola, Illinois (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)  
26. (a) \_\_\_\_\_ (Date received) (b) \_\_\_\_\_ (Mother, etc.) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Ada  
I, Llewellyn Roberts being first duly sworn, say that I am related to (Related to (or) acquainted with)  
Elsie May Roberts as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Henry Casey who attended said birth now deceased and that this birth has not been previously recorded. (Name of attendant at birth)  
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 13 day of October, 1941.  
(SEAL) Myrna J. Brewer Notary Public, residing at Boise  
Llewellyn Roberts Signature  
P. O. Address

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. 321258  
Local Reg. No. ....  
Reg. Dist. No. ....

OCT 15 1941

1. **PLACE OF BIRTH:**  
(a) County Blaine (b) City Picabo  
(c) Street Address or R.F.D. No. Farm near Picabo  
(d) Name of Hospital or Maternity Home: At residence  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home 8 days.  
In **THIS** county 2 years 18 months 18 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State Idaho (b) County Blaine  
(c) City Hailey  
(d) Street Address or R.F.D. No. none  
(e) How long has **MOTHER** lived in Idaho? 52 yrs.  
(f) Mother's mailing address Deceased
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Howard Bryan Jones
5. Date of Birth (Month, day, year) July 8th. 1897
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Mathias Coffin Jones
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Saint James, Missouri  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lourinda S. Cole
17. Color or Race White 18. Age at time of THIS birth 34 years
19. Birthplace Robertsville, Missouri  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2  
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

- OCT 15 1941
26. (a) (Date received) (b) Mary H. Keeler (Registrar's signature)
25. Attendant's **OWN signature** ..... M.D. or (D.O., Midwife, etc.)  
and address Date
27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho }  
County of Blaine } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace L. Davis, being first duly sworn, say that I am ..... related to  
Howard Bryan Jones as Sister  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dayton, who attended said birth, is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11th day of October, 1941.

(SEAL)

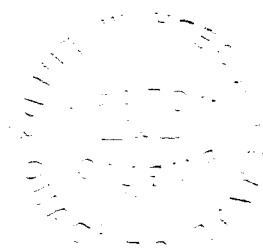
Joseph M. Guld Notary Public, residing at Hailey, Idaho

OCT 15 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

321291

1. PLACE OF BIRTH  
County of Ada  
City of Boise  
No. 7th & Washington St.

SEP 22 1941

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Julia Elizabeth Lubken

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Aug 22 1897  
5. Number, in order of birth \_\_\_\_\_ Full term ✓ (Month Day, Year)

9. Full name George Richard Lubken FATHER 18. Full maiden name Elizabeth Magdalene Irr MOTHER

10. Residence (usual place of abode) Boise, Idaho 19. Residence (usual place of abode) Boise, Idaho  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 30 (years) 20. Color or race White 21. Age at last birthday 23 (years)

13. Birthplace (city or place) New York City 22. Birthplace (city or place) Colorado  
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postman, U.S. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Post Office 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work July 1, 1930 17. Total time (years) spent in this work 34  
19. \_\_\_\_\_ 26. Total time (years) spent in this work December

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 p. m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Dr. George P. Haley - (Deceased) M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed SEP 22 1941, 193 Maury H. Eiler Registrar.

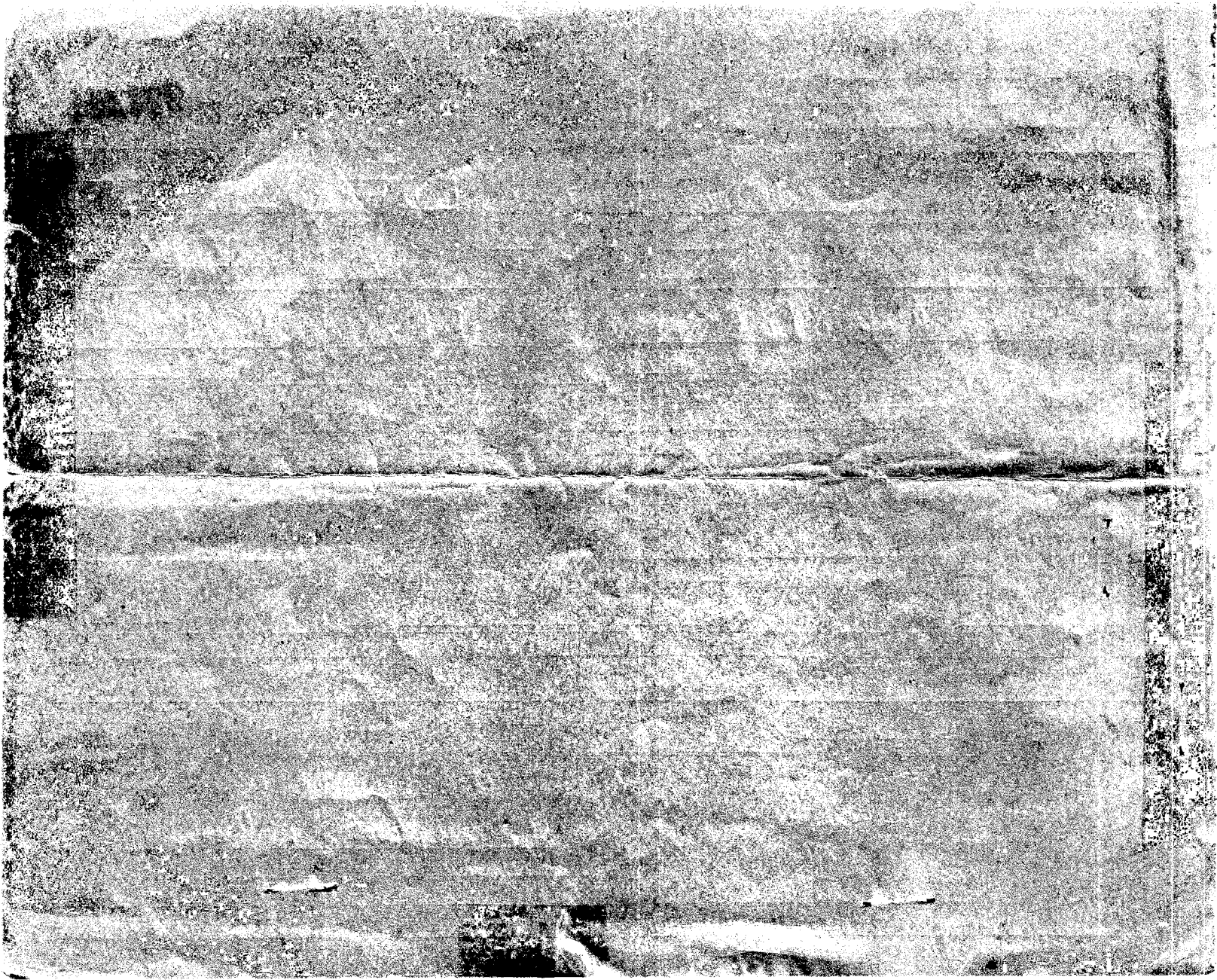
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.





342-232001-999

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Ada } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
George Richard Lubken being first duly sworn says that  
he is the father of Julia Elizabeth Lubken  
(Relationship of child)\*  
born August 22-1897 at Boise, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
ficate of birth of the said Julia Elizabeth Lubken

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that George P. Hailey M. D. was the  
medical attendant at the birth of said Julia Elizabeth Lubken Midwife  
and that  
the said medical attendant is Now deceased  
(Now deceased (or) cannot be located)

Name of Affiant George Richard LubkenP. O. Address Boise IdahoSubscribed and sworn to before me this 16th day of Sept, 19 41

K. B. Baker  
Notary Public.

Residing at Boise, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 6 1967

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

262-228-032 613

321294

United States  
Department of Commerce  
Bureau of the Census

SEP 18 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH:

(a) County Idaho (b) City Shoshone  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital of Maternity Home: none at Ranch  
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home ..... Days  
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Blaine  
(c) City Shoshone  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 20 yrs yrs.  
(f) Mother's mailing address (For registration notice):

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD

Alice Eugenia Boston

5. DATE OF BIRTH

(Month, day, year) March 25, 1897

6. Sex

Female

7. Twin or Triplet

None

If so—born  
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Edward William Boston

MOTHER OF CHILD

16. FULL MAIDEN NAME

Jennie Helen Macdonald

11. Color or Race

White

12. Age at time of THIS birth

45 yrs.

17. Color or Race

White

18. Age at time of THIS birth

39 yrs.

13. Birthplace

Castledale, Idaho  
(City or Town) (State or foreign country)

19. Birthplace

Shoshone, Idaho  
(City or Town) (State or foreign country)

14. Exact Occupation

Cabinet Maker PR

20. Exact Occupation

Housewife

15. Industry Business

Cabinet, Builder for PR bus.

21. Industry or Business

None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child

10

(b) Born alive and now living

8

(c) Born alive and now dead

2

(d) Stillborn

None

24. I HEREBY CERTIFY That I attended the birth of this child, who was

born at 6 P. M. on the date  
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

Ruth Sophia Boston, who is  
(First name) (Last name)

related to this child as

Sister  
(Mother, etc.)

26. (a)

SEP 18 1941  
(Date received)

(b)

Marcel H. Keefe  
(Registrar's signature)

25. Attendant's OWN signature

[Signature] M.D.  
(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Shoshone, Idaho Date Sept 16/41

AUG 31 1958

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

## MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of *None*

.....

.....

(b) Labor: Complications: *None*

.....

..... Induced? *None*

.....

(c) State all operations for delivery *None*

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? *None*

Describe: *None*

(2) Birth Injury? *None*

Describe: *None*

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

*John H. H.*

331 115029 845

321326

United States (Be sure the information is as of date of birth of THIS child) State File No. ....  
 Department of Commerce SEP 18 1941 CERTIFICATE OF BIRTH Local Reg. No. ....  
 Bureau of Census STATE OF IDAHO Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>Washington</u> (No. number) (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: <u>Birth at home.</u> In Hosp. or Mat. Home. .... days. IN THIS county ..... years ..... month ..... days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>Washington</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs. (f) Mother's mailing address: .....	
--	--	---	--

<b>4. FULL NAME OF CHILD</b> <u>Donald William Clarke</u>		<b>5. Date of Birth</b> <u>Jan 15 1897</u> (Month, day year)	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Higgins Clarke</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>35</u> yrs. <b>13. Birthplace</b> <u>Freeport Illinois</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Hardware Merchant</u> <b>15. Industry or Business</b> <u>Operator of Hardware</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Florence Mary Huett</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>Gratiot Wisconsin</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
---	--	---	--

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3  
 (c) Born alive and now dead 1 (d) Stillborn None

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (First name) (Last name)

<b>26. (a)</b> <u>SEP 18 1941</u> (Date received) <b>27. Given name added on</b> ..... <b>by</b> ..... (Registrar's signature)	<b>25. Attendant's OWN signature</b> <u>M.D.</u> (D.O., Midwife, etc.) <b>and address</b> ..... <b>Date</b> .....
--	---

State of Washington } ss.  
 County of Whatcom

I, Florence Mary Clarke, being first duly sworn, say that I am a relative  
Donald William Clarke as Mother  
 (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. F. Worthington who attended said birth is deceased and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

2 Mrs. Florence M. Clarke Signature  
E. M. P. O. Address  
 Subscribed and sworn to before me on this 16 day of September 19 41  
 (SEAL) E. M. Rutledge Notary Public, residing at Bellingham Wash.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-125 035 415

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **321348**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH **RECEIVED**  
(a) County **Reg. Perce** (b) City **76. taker**  
(c) Street Address or R.F.D. No. **3 arm**  
(d) Name of Hospital or Maternity Home:  
**On Home Stead 3 arm**  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county **10** years month days

2. USUAL RESIDENCE of MOTHER (At time of the birth)  
(a) State **Idaho** (b) County **Reg. Perce**  
(c) City **76. taker**  
(d) Street Address or R.F.D. No. **3 arm**  
(e) How long has MOTHER lived in Idaho? **14 yrs.**  
(f) Mother's mailing address **76. taker Idaho**

4. FULL NAME OF CHILD **Jesse James Elmer Wright**  
6. Sex **Male** 7. Twin or Triplet **1878**  
If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day year) **Nov. 25-1897**  
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

10. FULL NAME **Charles William Wright**  
11. Color or Race **White** 12. Age at time of THIS birth **24** yrs.  
13. Birthplace **Amity Oregon**  
(City or town) (State or foreign country)  
14. Exact Occupation **Farmer**  
15. Industry or Business

16. FULL MAIDEN NAME **Anna Genieva Davidson**  
17. Color or Race **White** 18. Age at time of THIS birth **26** yrs.  
19. Birthplace **Williams Josephine Co. Oregon**  
(City or town) (State or foreign country)  
20. Exact Occupation **House Wife**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **7**  
(c) Born alive and now dead **None** (d) Stillborn **None**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

26. (a) **SEP 29 1941** (Date received) (b) **Charles William Wright** (Mother, etc.)  
(Registrar's signature)  
27. Given name added on ..... by .....  
(Registrar's signature)

25. Attendant's OWN signature ..... M.D.  
(D.O., Midwife, etc.)  
and address ..... Date

State of **Oregon** } ss.  
County of **Marion**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, **Charles William Wright** being first duly sworn, say that I am **Related to**  
**Jesse James Elmer Wright** as **Father** (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Doctor**, who attended  
(Name of attendant at birth)  
said birth. **Can not be located** and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

**Charles William Wright** Signature  
**Salem Oregon R.F.D. 7 Box 232** P. O. Address

Subscribed and sworn to before me on this **23** day of **Sept**, 19**41**  
(SEAL) **E. A. Thompson** Notary Public, residing at **Salem**



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-201028-765

321374

United States **OCT 2 1941** Be sure the information is as of date of birth of THIS child) State File No.   
 Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.   
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

**1. PLACE OF BIRTH** (a) County Montana (b) City Bozeman (c) Street Address or R.F.D. No. Conrad (d) Name of Hospital or Maternity Home: at home   
 (e) Mother's stay **BEFORE** delivery:   
 In Hosp. or Mat. Home 0 days.   
 IN THIS county 1 years month days   
**2. USUAL RESIDENCE of MOTHER** (At time of this birth)   
 (a) State Idaho (b) County Conrad   
 (c) City Bozeman (d) Street Address or R.F.D. No. Conrad   
 (e) How long has MOTHER lived in Idaho? 5 yrs.   
 (f) Mother's mailing address Bozeman, Idaho   
**3. RESIDENCE of FATHER** (city, state) Bozeman

**4. FULL NAME OF CHILD** Anne Catherine Price   
**5. Date of Birth** (Month, day year) Sept 3, 1897   
**6. Sex** Female **7. Twin or Triplet** No **8. Months of Pregnancy** 9 **9. Legitimate?** Yes   
**10. FULL NAME** Thomas Price **11. Color or Race** White **12. Age at time of THIS birth** 31 yrs.   
**13. Birthplace** Long Island, New York (City or town) (State or foreign country)   
**14. Exact Occupation** Soldier, U.S. Army **15. Industry or Business** —   
**16. FULL MAIDEN NAME** Helena Dorey **17. Color or Race** White **18. Age at time of THIS birth** 23 yrs.   
**19. Birthplace** Bromley Kent England (City or town) (State or foreign country)   
**20. Exact Occupation** Housewife **21. Industry or Business** —

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**   
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2   
 (c) Born alive and now dead 0 (d) Stillborn 0   
**24. I HEREBY CERTIFY** That I attended the birth of this child, who was — at — M. on the date — and at the place stated above, and that personal particulars were furnished by —, who is related to this child as — (First name) (Last name)   
**26. (a) OCT 2 1941** (Date received) **(b) Mary H. Fisher** (Registrar's signature) **25. Attendant's OWN signature** — **M.D.** (D.O., Midwife, etc.)   
**27. Given name added on** — **by** — **and address** — **Date** —

**28. State of** California **County of** San Diego **ss.**   
**I, Helena Price**, being first duly sworn, say that I am Related to (Mother) (Related to (or) acquainted with)   
**Anne Catherine Price** as Mother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary H. Fisher, who attended said birth deceased and that this birth has not been previously recorded.

**AFFIDAVIT** To be completed when the attendant at birth is **NOT LIVING or CANNOT BE LOCATED**   
**Signature** Mrs. Helena Price **P. O. Address** 4734 Terrace Ave.   
**Subscribed and sworn to before me on this** 1st day of October, 1941   
**(SEAL)** Ray C. Fisher **Notary Public, residing at** San Diego California

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-220016-344

321396

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

OCT 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH RECEIVED  
(a) County Cassia (b) City Oakley  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Family Home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Oakley  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 61 yrs.  
(f) Mother's mailing address Burley, Idaho
3. RESIDENCE of FATHER (city, state) Oakley, Ida

4. FULL NAME OF CHILD Emily Howells
5. Date of Birth August 20, 1897  
(Month, day, year)
6. Sex \_\_\_\_\_ 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_ 8. No. months of Pregnancy nine 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Benjamin Price Howells
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Tooele City Utah  
(City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business X
- MOTHER OF CHILD
16. FULL MAIDEN NAME Joséphine Cummins
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Grantsville Utah  
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business X
22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3  
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 P.M. on the date OCT 6 1941 and at the place stated above, and that personal particulars were furnished by Father being present, who is related to this child as father (First name) (Last name)

26. (a) OCT 6 1941 (Date received) (b) Mark E. Keefe (Registrar's signature)
27. Given name Emily on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)
25. Attendant's OWN signature X and address X (D.O., Midwife, etc.) \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Benjamin Price Howells, being first duly sworn, say that I am Father of Emily Howells, as \_\_\_\_\_ (Related to (or) acquainted with) \_\_\_\_\_ (Name of person on certificate above) \_\_\_\_\_ (State relationship or acquaintance) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D. F. Albee (Name of attendant at birth) \_\_\_\_\_, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of October, 19 41

(SEAL) \_\_\_\_\_ Notary Public, residing at Burley, Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433130028-249

321462

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**OCT 4 1941** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. PLACE OF BIRTH RECEIVED  
(a) County Kootenai (b) City near Bayview  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City near Bayview  
(d) Street Address or R.F.D.No. none  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address \_\_\_\_\_

4. FULL NAME OF CHILD Joseph Warren McLean  
6. Sex male 7. Twin or single If so—born \_\_\_\_\_  
Triplet 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) \_\_\_\_\_  
5. Date of Birth May 30, 1897  
(Month, day year)  
8. No. months 9 of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Joseph Bertess McLean  
11. Color white 12. Age at time 28 yrs.  
or Race \_\_\_\_\_ of THIS birth \_\_\_\_\_  
13. Birthplace Deborah, Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD  
16. FULL MAIDEN NAME Anna Belle Smith  
17. Color white 18. Age at time 24 yrs.  
or Race \_\_\_\_\_ of THIS birth \_\_\_\_\_  
19. Birthplace Hartington, Nebraska  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1  
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is  
related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) OCT 4 1941 (b) Mabel H. Elder  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
**RECEIVED** (Registrar's signature)

25. Attendant's  
OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of California  
County of Los Angeles

**AFFIDAVIT** To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, Frank M. McLean being first duly sworn, say that I am related  
Joseph Warren McLean as uncle (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife, Celia Hadden, who attended  
(Name of attendant at birth)  
said birth cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Frank M. McLean  
Signature

Long Beach, California  
P. O. Address

Subscribed and sworn before me on this 3rd day of October, 19 41

(SEAL)

Arthur T. Eldridge  
Notary Public, residing at Long Beach, Calif

OCT 9 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

436-214044-59

321646

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
 Bureau of Census OCT 10 1941 STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County Washington (b) City Mineral  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Name of Hospital or Maternity Home: \_\_\_\_\_  
 (e) Mother's stay BEFORE delivery:  
 In Hosp. or Mat. Home \_\_\_\_\_ days.  
 IN THIS county \_\_\_\_\_ years 6 month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
 (a) State Idaho (b) County Wash  
 (c) City Mineral  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) How long has MOTHER lived in Idaho? 1 yrs.  
 (f) Mother's mailing address Baker, Oregon

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Margaret Maud McWaters 5. Date of Birth 1-14-1897  
 (Month, day year)

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Hugh Benjamin McWaters 16. FULL MAIDEN NAME Nancy Vail  
 11. Color White 12. Age at time of THIS birth 27 yrs. 17. Color white 18. Age at time of THIS birth \_\_\_\_\_ yrs.  
 13. Birthplace Nebraska City Nebr. (City or town) (State or foreign country) 19. Birthplace Lodi California (City or town) (State or foreign country)  
 20. Exact Occupation Railroader 20. Exact Occupation Widow  
 21. Industry or Business \_\_\_\_\_ 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5  
 (c) Born alive and now dead \_\_\_\_\_ (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) Oct 10 - 1941 (b) Margaret McWaters 25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
 (Date received) (Registrar's signature)  
 27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_  
 (Registrar's signature)

State of Idaho } ss.  
 County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nancy McWaters, being first duly sworn, say that I am Related to (Related to (or) acquainted with)  
Margaret Maud McWaters as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)  
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Celia Jackson, who attended said birth is now deceased and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Nancy McWaters Signature  
2715-6th St., Baker, Oregon P. O. Address  
 Subscribed and sworn to before me on this 9 day of October, 19 41  
 (SEAL) Don A. Chapman Notary Public, residing at Boise Idaho



OCT 15 1941

JUL 17 1952

JAN 22 1973

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-109 001 239  
 United States (Be sure the information is as of date of birth of THIS child) State File No. **321647**  
 Department of Commerce **OCT 10 1941** **CERTIFICATE OF BIRTH** Local Reg. No. ....  
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No. ....

**1. PLACE OF BIRTH**  
 (a) County **Ada** (b) City **Boise**  
 (c) Street Address or R.F.D. No. **11th & Main Sts**  
 (d) Name of Hospital or Maternity Home: ....  
 (e) Mother's stay **BEFORE** delivery:  
 In Hosp. or Mat. Home. .... days.  
 IN THIS county **23** years **1** month **22** days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)  
 (a) State **Idaho** (b) County **Ada**  
 (c) City **Boise**  
 (d) Street Address or R.F.D. No. ....  
 (e) How long has MOTHER lived in Idaho? **23** yrs.  
 (f) Mother's mailing address **1004 No 24th St.**

**3. RESIDENCE of FATHER** (city, state) **Boise, Ida**

**4. FULL NAME OF CHILD** **Joseph A. Robinson**  
**5. Date of Birth** (Month, day year) **8-9-1897**  
**6. Sex** **Male** **7. Twin or Triplet** **8. No. months of Pregnancy** **9** **9. Legitimate?** **yes**

**FATHER OF CHILD**  
**10. FULL NAME** **Andy Robinson**  
**11. Color or Race** **white** **12. Age at time of THIS birth** **27** yrs.  
**13. Birthplace** **Kettlewell Co England**  
 (City or town) (State or foreign country)  
**14. Exact Occupation** **Court Baliff, Ada County**  
**15. Industry or Business** .....

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** **Elizabeth K. Straight**  
**17. Color or Race** **white** **18. Age at time of THIS birth** **23** yrs.  
**19. Birthplace** **Boise, Idaho**  
 (City or town) (State or foreign country)  
**20. Exact Occupation** **Housewife**  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** ....  
**23. Number of children of this mother:** (a) At time of birth and including this child **1** (b) Born alive and now living **1**  
 (c) Born alive and now dead **none** (d) Stillborn **none**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (First name) (Last name)

**26. (a)** **Oct 10 - 1941** **(b)** **M. L. Bowers** **25. Attendant's OWN signature** **M.D.**  
 (Date received) (Registrar's signature) (Name of attendant at birth) (D.O., Midwife, etc.)  
**27. Given name added on** ..... **by** ..... **and address** ..... **Date** .....

State of **Idaho** } ss.  
 County of **Ada**

**I, Elizabeth K. Robinson** ..... being first duly sworn, say that I am **related to** .....  
 (Related to (or) acquainted with)  
**Joseph A. Robinson** ..... as **Mother** ..... whose birth certificate  
 (Name of person on certificate above) (State relationship or acquaintance)  
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. L. F. Bowers** ..... who attended  
 (Name of attendant at birth)  
 said birth **is now deceased** ..... and that this birth has **not been previously recorded**.  
 (Is now deceased (or) cannot be located)

**Subscribed and sworn to before me on this** **9** day of **October** **1941**  
 (SEAL) **Notary Public, residing at** **Boise, Idaho**  
**Signature** **1004 N. 24th St. Boise, Idaho** **P. O. Address**  
**Notary Public, residing at** **Boise, Idaho**

OCT 15 1941

JUL 17 1952

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993 204603-259

United States  
Department of Commerce  
Bureau of Census

OCT 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 321684  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Bannock</u> (b) City <u>Cambridge</u> (c) Street Address or R.F.D. No. <u>RFD</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county <u>1</u> years _____ month _____ days	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Cambridge</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address _____
--	--

4. FULL NAME OF CHILD <u>LODISA KNIGHT RICHARDSON</u>	5. Date of Birth (Month, day, year) <u>May 4, 1897</u>
6. Sex <u>Female</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>CHARLES CLAWSON RICHARDSON</u>	16. FULL MAIDEN NAME <u>Mary Amanda Knight</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>39</u> yrs.
11. Color or Race <u>WHITE</u>	12. Age at time of THIS birth <u>46</u> yrs.	19. Birthplace <u>Union Fort, Salt Lake City, Utah</u>	20. Exact Occupation <u>housewife</u>
13. Birthplace (City or town) (State or foreign country)	14. Exact Occupation <u>Farmer</u>	21. Industry or Business <u>farm</u>	22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9  
(c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Martha Hancock, who is related to this child as elder sister (First name) (Last name)

26. (a) OCT 14 1941 (Date received) (b) Martha Hancock (Registrar's signature)  
27. Given received on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
28. Attendant's OWN signature \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Hancock, being first duly sworn, say that I am older sister - related to  
LODISA KNIGHT RICHARDSON as OLDER SISTER (Related to (or) acquaintance with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Hancock, who attended  
said birth Is now deceased (or) cannot be located and that this birth has not been previously recorded.  
(Name of attendant at birth)

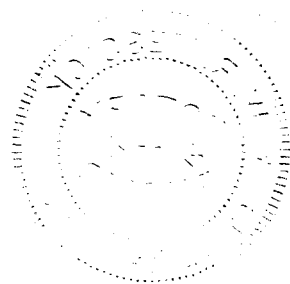
Martha Hancock Signature  
P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me on this 10 day of October, 1941  
(SEAL) W. R. Messick Notary Public, residing at Blackfoot, Idaho

OCT 15 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



285 212 029819

321945

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

OCT 20 1941

1. PLACE OF BIRTH: (a) County Latah (b) City Kendrick  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county, Two years One month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Kendrick  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 27 months  
(f) Mother's mailing address Kendrick

4. FULL NAME OF CHILD Kathleen Charlotte Bye

5. Date of Birth (Month, day, year) Dec 12, 1897

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 months 9. Legitimate? Yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

10. FULL NAME Chas Bye  
11. Color or Race White 12. Age at time of THIS birth 39 yrs.  
13. Birthplace London England  
(City or town) (State or foreign country)  
14. Exact Occupation Railroad Conductor  
15. Industry or Business \_\_\_\_\_

16. FULL MAIDEN NAME Harriet Lucetta Harris  
17. Color or Race White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Ottawa Canada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living 4  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was Olivia at 4:30 A.M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_  
and at the place stated above and that personal particulars were furnished by Miriam Cassidy, who is related to this child as Sister (First name) (Last name)

26. (a) OCT 20 1941 (Date received) (b) Mary E. Leifer (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of Washington } ss.  
County of Whitman

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Miriam Cassidy, being first duly sworn, say that I am Related (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wallenberg, who attended said birth. Is now Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Miriam D Cassidy Signature  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 4th day of October 19 41  
(SEAL) [Signature] Notary Public, residing at Pullman Wash.


10-22-41

MAY 28 1975

### DELAYED REGISTRATION LAW

(1987 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local health officer or by the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-210-037 792

323005

United States (Be sure the information is as of date of birth of THIS child) State File No. **323005**  
Department of Commerce **OCT 23 1941** **CERTIFICATE OF BIRTH** Local Reg. No. **54**  
Bureau of Census STATE OF IDAHO Reg. Dist. No. **395**

1. PLACE OF BIRTH (a) County **Owyhee** (b) City **De Lamar**  
(c) Street Address or R.F.D.No. **Home**  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. **12** days.  
IN THIS county **12** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State **Idaho** (b) County **Owyhee**  
(c) City **De Lamar**  
(d) Street Address or R.F.D.No.  
(e) How long has MOTHER lived in Idaho? **12** yrs.  
(f) Mother's mailing address **Bend, Oregon**

3. RESIDENCE of FATHER (city, state) **Same**

4. FULL NAME OF CHILD **Martha Isabel Bland**  
5. Date of Birth (Month, day year) **Sept. 10, 1897**  
6. Sex **Female** 7. Twin or If so—born 8. No. months of Pregnancy **9 Mo.** 9. Legitimate? **Yes**  
Trip'et 1st, 2nd, 3rd

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME **Robert Wesley Bland** 16. FULL MAIDEN NAME **Bertha Marie Gibson**  
11. Color **White** 12. Age at time of THIS birth **24** yrs. 17. Color **White** 18. Age at time of THIS birth **17** yrs.  
13. Birthplace **Cedar County, Missouri** 19. Birthplace **Rooks County, Kansas**  
(City or town) (State or foreign country) (City or town) (State or foreign country)  
14. Exact Occupation **Wood hauler** 20. Exact Occupation **Housewife**  
15. Industry or Business **Same** 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**  
(c) Born alive and now dead **0** (d) Stillborn **0**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) **Sept. 6th 1941** (b) **R. H. Leonard**  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of **IDAHO** }  
County of **OWYHEE** } ss.

**Bertha Marie Bland**, being first duly sworn, say that I am **related to** **Martha Isabel Bland** as **Mother** (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. J. W. Plummer**, (Name of attendant at birth) who attended said birth **is now deceased** and that this birth has not been previously recorded.  
(Is now deceased (gr) cannot be located)

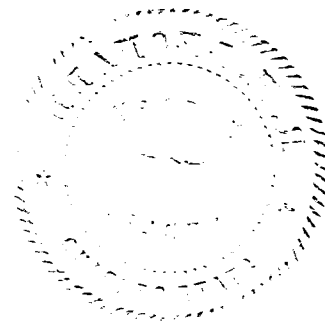
**Bertha Marie Bland** Signature  
**1207 Hartford Ave., Bend, Oregon** P. O. Address  
Subscribed and sworn to before me on this **8th** day of **September**, 19 **41**  
(SEAL) **R. H. Leonard** Notary Public, residing at **Murphy, Idaho.**



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



866-106-025-339

323082

United States (Be sure the information is as of date of birth of THIS child) State File No. ....  
 Department of Commerce OCT 22 1941 **CERTIFICATE OF BIRTH** Local Reg. No. ....  
 Bureau of Census STATE OF IDAHO Reg. Dist. No. ....

**1. PLACE OF BIRTH** (a) County Idaho (b) City Riggins  
 (c) Street Address or R.F.D. No. ....  
 (d) Name of Hospital or Maternity Home: .....  
 (e) Mother's stay **BEFORE** delivery:  
 In Hosp. or Mat. Home ..... days.  
 IN THIS county years X month X days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)  
 (a) State Idaho (b) County Idaho  
 (c) City Riggins  
 (d) Street Address or R.F.D. No. ....  
 (e) How long has **MOTHER** lived in Idaho? 63 yrs.  
 (f) Mother's mailing address Grangerville, Ida

**3. RESIDENCE of FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD** Frank R. Howard

**5. Date of Birth** (Month, day year) Oct. 6 1897

**6. Sex** male **7. Twin or Triplet** **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**FATHER OF CHILD**  
**10. FULL NAME** Arville B. Howard  
**11. Color or Race** White **12. Age at time of THIS birth** 47 yrs.  
**13. Birthplace** Battle Creek Michigan  
 (City or town) (State or foreign country)  
**14. Exact Occupation** Stockraiser  
**15. Industry or Business** .....

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Flora Eline  
**17. Color or Race** White **18. Age at time of THIS birth** 29 yrs.  
**19. Birthplace** Mollalla Oregon  
 (City or town) (State or foreign country)  
**20. Exact Occupation** House Wife  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** X  
**23. Number of children of this mother:** (a) At time of birth and including this child ..... (b) Born alive and now living X  
 (c) Born alive and now dead ..... (d) Stillborn X

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (born alive, stillborn) .....  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (First name) (Last name)

**26. (a)** OCT 23 1941 (Date received) **(b)** Mary E. Elder (Mother, etc. Registrar's signature)  
**25. Attendant's OWN signature** X **M.D.** (D.O., Midwife, etc.)  
**27. Given name added on** X **by** ..... **and address** ..... **Date** .....

State of Idaho } ss.  
 County of Idaho }  
 I, Flora Howard, being first duly sworn, say that I am Related (Related to (or) acquainted with)  
Frank R. Howard as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Flora Eline (Name of attendant at birth) who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Signature Flora Howard  
Grangerville Idaho P. O. Address  
 Subscribed and sworn to before me on this 22 day of Oct 1941  
 (SEAL) H. T. Johnson Notary Public, residing at Grangerville, Idaho

DEC 23 1958

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-106.014-419

#323188

323188

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce OCT 26 1941 CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Canyon (b) City Emmett  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home days New home  
IN THIS county years month days  
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Emmett  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? yrs.  
(f) Mother's mailing address.  
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Willa Phillips 5. Date of Birth (Month, day year) April 6-1897  
6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD  
10. FULL NAME Luther Phillips 16. FULL MAIDEN NAME Mary Catherine Martin  
11. Color White 12. Age at time of THIS birth 39 yrs. 17. Color White 18. Age at time of THIS birth 33 yrs.  
13. Birthplace Grant City Missouri (City or town) (State or foreign country) 19. Birthplace Emmett Idaho (City or town) (State or foreign country)  
14. Exact Occupation Farmer 20. Exact Occupation Housewife  
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 29 1941 (Date received) (b) Margaret E. Murphy (Mother, etc.) (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)  
27. Given name added on by (Registrar's signature) and address Date

State of Idaho } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED  
County of Canyon

I, Ora Arthur being first duly sworn, say that I am Related (Related to (or) acquainted with)  
To Willa Phillips as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Margaret E. Murphy (Name of attendant at birth), who attended said birth Deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located) Signature  
Ora Arthur  
Subscribed and sworn to before me on this 29 day of October, 1941 P. O. Address  
(SEAL) M. E. Bealy Notary Public, residing at Boise, Idaho

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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1937 / 10  
10 / 10

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1941

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

323262

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH:**

(a) County..... (b) City Emmett  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home..... days.  
In **THIS** county 7 years..... months..... days.

**2. USUAL RESIDENCE of MOTHER:** (Always fill in these)

(a) State Idaho (b) County Canyon  
(c) City Emmett  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.  
(f) Mother's mailing address Emmett, Idaho

**3. RESIDENCE OF FATHER** (city, state) Emmett, Idaho

**4. FULL NAME OF CHILD**

Nellie Angelina Stanley

5. Date of Birth (Month, day, year) Jan. 30 1897

**6. Sex**

Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME**

Edward Eli Stanley

**11. Color or Race**

White

12. Age at time  
of THIS birth 35 yrs.

**13. Birthplace**

(City or town) Calif

(State or foreign country)

**14. Exact Occupation**

Sawmill operator

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Jennie Elizabeth LeWalt

**17. Color or Race**

White

18. Age at time of  
THIS birth 22 years

**19. Birthplace**

(City or town) Red Rock

(State or foreign country) Penn

**20. Exact Occupation**

Housewife

**21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

26. (a) OCT 28 1941 (b).....  
(Date received) (Registrar's signature)

27. Given name added on.....by.....  
(Registrar's signature)

25. Attendant's  
**OWN signature**.....M.D. or.....  
(D.O., Midwife, etc.)  
and address.....Date

State of Idaho }  
County of Canyon } ss.

I, Jennie E. Myers, being first duly sworn, say that I am.....~~XXXXXX~~ related  
Nellie Angelina Jones as.....Mother.....  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that.....Mrs. Oaks....., who attended  
said birth.....is now deceased.....and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 24 day of October, 1941  
(SEAL) Edith Lewis Notary Public, residing at Nampa, Idaho.

APR 21 1970

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

CERTIFICATE OF BIRTH

STATE OF IDAHO

323295

1. PLACE OF BIRTH

(a) County FREEMONT (b) City ST. ANTHONY

(c) Street Address or R.F.D. No. NONE

(d) Name of Hospital or Maternity Home: NONE

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home ? days.

IN THIS county EIGHT years TWO month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County FREEMONT

(c) City ST. ANTHONY

(d) Street Address or R.F.D. No. NONE

(e) How long has MOTHER lived in Idaho? 8 yrs.

(f) Mother's mailing address ST. ANTHONY, IDA.

3. RESIDENCE of FATHER (city, state) ST. ANTHONY, IDA.

4. FULL NAME OF CHILD JENNINGS BRYAN NEEB

5. Date of Birth (Month, day year) DEC. 21, 1897

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN NEEB

11. Color or Race WHITE 12. Age at time of THIS birth 37 yrs.

13. Birthplace SHELBYVILLE INDIANA  
(City or town) (State or foreign country)

14. Exact Occupation RESTAURANT PROPRIETOR

15. Industry or Business RESTAURANT

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

26. (a) OCT 29 1941 (b) Mabel E. Heaver  
(Date received) (Registrar's signature)

25. Attendant's OWN signature. M.D.  
(D.O., Midwife, etc.)

27. Given name NEEB and on ..... by .....  
(Registrar's signature)

and address ..... Date

State of Oregon } ss.  
County of Mallheur

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Vera N. Weaver, being first duly sworn, say that I am related to JENNINGS BRYAN NEEB as sister  
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Middleton, who attended

said birth is now deceased, and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Vera N. Weaver Signature

Oregon Ave P. O. Address

Subscribed and sworn to before me on this 23 day of October 1941

(SEAL) V. J. DuPre Notary Public, residing at Antonia Ore

my Comm. Exp: 11/9/43



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-119-029-366

323335

United States (Be sure the information is as of date of birth of THIS child) State File No. 323335  
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. ....  
 Bureau of Census DEC 10 1941 STATE OF IDAHO Reg. Dist. No. ....

1. PLACE OF BIRTH

(a) County Latah (b) City Kendrick  
 (c) Street Address or R.F.D. No. Kirby St  
 (d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:  
 In Hosp. or Mat. Home ..... days.  
 IN THIS county 6 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah  
 (c) City Kendrick  
 (d) Street Address or R.F.D. No. Kirby St  
 (e) How long has MOTHER lived in Idaho? 6 yrs.  
 (f) Mother's mailing address Kendrick, Idaho

3. RESIDENCE of FATHER (city, state) Kendrick, Idaho

4. FULL NAME OF CHILD Harold Peter Sinclair

5. Date of Birth (Month, day year) Dec 19, 1897

6. Sex male 7. Twin or Triplet If so — born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Carey Sinclair  
 11. Color or Race white 12. Age at time of THIS birth 30 yrs.  
 13. Birthplace Paisley Ontario Canada  
 (City or town) (State or foreign country)  
 14. Exact Occupation Hardware merchant  
 15. Industry or Business Hardware (Sinclair Hardware & Implement Co)

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Townsend  
 17. Color or Race white 18. Age at time of THIS birth 25 yrs.  
 19. Birthplace Syracuse New York  
 (City or town) (State or foreign country)  
 20. Exact Occupation Housewife  
 21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum No record  
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2  
 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

26. (a) DEC 10 1941 (b) Wm. H. Rathwell  
 (Date received) (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)  
 and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington } ss.  
 County of Yakima

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, R. C. Sinclair, being first duly sworn, say that I am related to Harold Peter Sinclair as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. H. Rathwell, who attended said birth is now deceased and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 4th day of December, 1941.  
 (SEAL) R. C. Sinclair Notary Public, residing at Yakima, Washington  
R. C. Sinclair Signature  
507 N. Naches Ave, Yakima, Washington P. O. Address

DEC 30 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692 128 028 - 356

323469

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

NOV 5 1941

CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County HOOTENAI (b) City ST MARIES  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: RESIDENCE  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home NONE days.  
In THIS county years month days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State IDAHO (b) County HOOTENAI  
(c) City ST MARIES  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 8 yrs.  
(f) Mother's mailing address ST MARIES
3. RESIDENCE of FATHER (city, state): \_\_\_\_\_

4. FULL NAME OF CHILD HAROLD FISHER
5. Date of Birth (Month, day, year) SEPT-28-1897
6. Sex MALE 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? YES

- FATHER OF CHILD
10. FULL NAME JOSEPH P FISHER
11. Color or Race WHITE 12. Age at time of THIS birth 41 yrs.
13. Birthplace HARRISVILLE MICHIGAN  
(City or town) (State or foreign country)
14. Exact Occupation GENERAL MERCHANDISE STORE
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD
16. FULL MAIDEN NAME ADDIE LEWIS
17. Color or Race WHITE 18. Age at time of THIS birth 37 yrs.
19. Birthplace FARNERSVILLE N.Y.  
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9  
(c) Born alive and now dead 2 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) NOV 5 1941 (Date received) (b) Maury Feiler (Registrar's signature)
25. Attendant's OWN signature \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of Washington } ss.  
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Lindstrom, being first duly sworn, say that I am \_\_\_\_\_ (Related to (or) acquainted with) \_\_\_\_\_ as Sister (State relationship or acquaintance) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Unknown (Name of attendant at birth) \_\_\_\_\_, who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

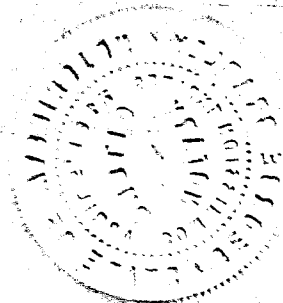
Alice Lindstrom Signature  
St. Maries Idaho P. O. Address

Subscribed and sworn to before me on this 4 day of March  
(SEAL) George Bradley Notary Public, residing at Spokane Wn.

## **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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323528

United States  
Department of Commerce  
Bureau of Census

Nov 17 1941  
RECEIVED

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Boise (b) City PLACERVILLE  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home        days.  
IN THIS county        years        month        days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Boise  
(c) City PLACERVILLE  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 33 yrs.  
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

GLEN - MYER

5. Date of Birth

(Month, day year) OCT. 1, 1897

6. Sex MALC

7. Twin or Triplet  
If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN - HENRY - MYER  
11. Color or Race WHITE 12. Age at time of THIS birth 49 yrs.  
13. Birthplace OSSINING, NEW YORK  
(City or town) (State or foreign country)  
14. Exact Occupation MERCHANT  
15. Industry or Business GENERAL MERCHANDISE

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA DAVISON  
17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.  
19. Birthplace STOCKTON CALIFORNIA  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSE WIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5  
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was        at        M. on the date        and at the place stated above, and that personal particulars were furnished by       , who is related to this child as        (First name) (Last name)

26. (a) NOV 17 1941 (Date received) (b) Mabel Meyer Fitzhugh (Attendant's signature)  
27. Given name Glen on        by        (Registrar's signature)

25. Attendant's OWN signature        M.D. (D.O., Midwife, etc.)  
and address        Date       

State of Ida } ss.  
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mabel Meyer Fitzhugh, being first duly sworn, say that I am related to Glen Myer as oldest sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. V. Young (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mabel Meyer Fitzhugh Signature  
Boise, Idaho P. O. Address

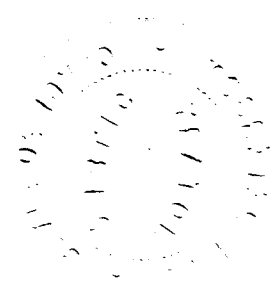
Subscribed and sworn to before me on this 29th day of Oct 1941  
(SEAL) W. V. Young Notary Public, residing at Boise, Ida

NOV 17 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



279 219 081 249 323531 323531  
 United States (Be sure the information is as of date of birth of THIS child) State File No.  
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
 Bureau of the Census NOV 17 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
 (a) County Ada (b) City Boise  
 (c) Street Address or R.F.D. No.  
 (d) Name of Hospital or Maternity Home:  
 (e) Mother's stay BEFORE delivery:  
 IN THIS county 6 years  months  days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
 (a) State Idaho (b) County Ada  
 (c) City Boise  
 (d) Street Address or R.F.D. No.  
 (e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD DORA DUFFIELD HAZEL SPRINGER  
 5. Date of Birth of Child (Month, day, year) 2/19/1897  
 6. Sex Female 7. Twin or Triplet  If so—born 1st, 2nd, 3rd   
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD  
 10. FULL NAME Harvey Henry Springer 16. FULL MAIDEN NAME Viola Burtch  
 11. Color White 12. Age at time of THIS birth 30 yrs. 17. Color White 18. Age at time of THIS birth 28 yrs.  
 13. Birthplace Franklin County, Maine (City or town) (State or foreign country) 19. Birthplace Clarksville, Iowa (City or town) (State or foreign country)  
 14. Exact Occupation Laborer 20. Exact Occupation Housewife  
 15. Industry or Business Lumber Yard 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

#### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is  
 related to this child as..... (First name) (Last name)  
 (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.  
 County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that Dr. Warren D. Springer, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Springer Randall Signature  
505 S. 3d St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of November, 19 41  
 (SEAL) Wm B. Lumber Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1941 by Mary E. E. E. E. Registrar.



NOV 18 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-225044-212

323638

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce NOV 10 1941 CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of Census STATE OF IDAHO Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (a) County <u>Washington</u> (b) City <u>Salubria</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home <u>      </u> days. IN THIS county <u>      </u> years <u>      </u> month <u>      </u> days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Salubria</u> (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho? <u>13</u> yrs. (f) Mother's mailing address <u>Salubria, Idaho</u>	
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<b>4. FULL NAME OF CHILD</b> <u>Chloe Ross</u>		<b>5. Date of Birth</b> <u>Aug. 25, 1897</u> (Month, day year)	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Franklyn Ross</u>	<b>16. FULL MAIDEN NAME</b> <u>Martha Ann Babb</u>		
<b>11. Color or Race</b> <u>white</u>	<b>17. Color or Race</b> <u>white</u>		
<b>12. Age at time of THIS birth</b> <u>43</u> yrs.	<b>18. Age at time of THIS birth</b> <u>30</u> yrs.		
<b>13. Birthplace</b> <u>dont know</u> <u>Iowa</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Osage County</u> <u>Missouri</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Farmer</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b>	<b>21. Industry or Business</b>		

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**         
**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 4  
(c) Born alive and now dead 2 (d) Stillborn 1

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive M. on the date        and at the place stated above, and that personal particulars were furnished by Mother, who is related to this child as Mother (First name) (Last name)  
**25. Attendant's** OWN signature        M.D.         
**26. (a)** Nov 10 - 1941 **(b)** Martha Ann Babb (Date received) (Registrar's signature)  
**27. Given name added on**        **by**        **and address** #199 McAndrews Road, Medford, Oregon **Date** 11/6/41  
(Registrar's signature) (D.O. Midwife, etc.)

State of Oregon } ss.  
County of Jackson

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

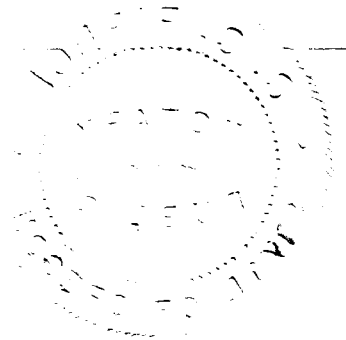
I, Martha Ann Fliteroft, being first duly sworn, say that I am related Chloe Ross (Name of person on certificate above) mother (State relationship or acquaintance) Chloe Higginson (Name of person on certificate above) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lorton (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.

**Witnesses:** E. L. Pierce Martha Ann Fliteroft  
Maune Pierce #199 McAndrews Road, Medford, Oregon  
Subscribed and sworn to before me on this 6th day of November 1941 at Medford, Oregon.  
(SEAL) Notary Public for Oregon My Commission Expires July 31, 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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323722

United States (Be sure the information is as of date of birth of THIS child) State File No. 323722  
Department of Commerce NOV 13 1941 CERTIFICATE OF BIRTH  
Bureau of Census STATE OF IDAHO Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (a) County Canyon (b) City Caldwell  
(c) Street Address or R.F.D. No. Cleveland Blvd.  
(d) Name of Hospital or Maternity Home: (In home of child's parents).  
(e) Mother's stay BEFORE delivery: 10 yrs.  
In Hosp. or Mat. Home days  
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Caldwell  
(d) Street Address or R.F.D. No. Cleveland Blvd.  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
(f) Mother's mailing address Caldwell, Ida.

3. RESIDENCE of FATHER (city, state) same.

4. FULL NAME OF CHILD Benjamin Van Wyngarden 5. Date of Birth (Month, day year) Jan. 29, 1897  
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 2 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD  
10. FULL NAME Gerret Herbert Van Wyngarden 16. FULL MAIDEN NAME Steunenber  
11. Color or Race white 12. Age at time of THIS birth 48 yrs. 17. Color or Race white 18. Age at time of THIS birth 37 yrs.  
13. Birthplace Holland (City or town) (State or foreign country) 19. Birthplace Knoxville Iowa (City or town) (State or foreign country)  
14. Exact Occupation Building contractor. 20. Exact Occupation Housewife  
15. Industry or Business Houses and business Bldgs. 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living yes  
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date Nov 13-1941 and at the place stated above, and that personal particulars were furnished by personal knowledge, who is related to this child as I am his Mother. (First name) (Last name)

26. (a) Nov 13-1941 (Date received) (b) M. E. E. Maxey (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)  
27. Given name added on by (Registrar's signature) and address Springfield, Oregon Date Nov 13-1941

State of Idaho } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED  
County of Canyon }  
I, Elizabeth Evaline Van Wyngarden (same as Mrs. G. H. Van Wyngarden)  
Benjamin Van Wyngarden as the mother, being first duly sworn, say that I am related to (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. E. Maxey (Name of attendant at birth) who attended said birth is now deceased. and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Elizabeth Evaline Van Wyngarden Signature  
Springfield, Oregon P. O. Address  
Subscribed and sworn to before me on this 12 day of November 19 41  
(SEAL) H. A. I. Atkinson Notary Public, residing at Caldwell, Idaho.  
My commission expires July 26 1942.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323735

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Custer (b) City Clayton  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: Mother's Home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 1 years 2 month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Custer  
(c) City Clayton  
(d) Street Address or R.F.D. No. ✓  
(e) How long has MOTHER lived in Idaho? 1 yrs.  
(f) Mother's mailing address Clayton, Idaho

3. RESIDENCE of FATHER (city, state) Clayton, Idaho

4. FULL NAME OF CHILD Margaret Leuzinger  
5. Date of Birth (Month, day year) June 18, 1897  
6. Sex Female (a) Twin or Triplet 1 If so - born 1st, 2nd, 3rd 1st  
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME Fridolin Leuzinger  
11. Color W 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Bern, Switzerland (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business farm

MOTHER OF CHILD  
16. FULL NAME Margaret Gallatin  
17. Color W 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Bern, Switzerland (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Mrs. Geo. Paul, who is related to this child as midwife (First name) (Last name)

26. (a) NOV 13 1941 (b) Mary E. Paul (c) Nov 13 1941  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_  
(Registrar's signature) (D.O., Midwife, etc.)

State of Idaho } ss.  
County of Custer

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mae E. Crawford, being first duly sworn, say that I am a sister related to her as a sister (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Geo. Paul (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7th day of November, 1941  
(SEAL) Mae E. Crawford Signature  
Challis, Idaho P. O. Address  
Notary Public, residing at Challis, Idaho

SEP 29 1958

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 127 006 349

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **323750**  
Local Reg. No. ....  
Reg. Dist. No. ....

NOV 13 1941

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

<b>1. PLACE OF BIRTH</b> (a) County <u>Bingham</u> <del>Idaho</del> City <u>Blackfoot</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .. (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home. .... days. IN THIS county      years      9      month      days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> ..... (b) County <u>Bingham</u> ..... (c) City <u>Blackfoot</u> ..... (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>9 mos.</u> yrs. (f) Mother's mailing address. ....	
<b>4. FULL NAME OF CHILD</b> <u>Gustave Wallace Anderson</u>		<b>3. RESIDENCE of FATHER</b> (city, state) <u>same</u>	

<b>6. Sex</b> <u>male</u>		<b>7. Twin or</b> <u>Triplet</u>		<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>yes</u>	
<b>10. FULL NAME</b> <u>Hyrum Anderson</u>		<b>12. Age at time of THIS birth.</b> <u>31</u> yrs.		<b>16. FULL MAIDEN NAME</b> <u>Genebra Curtis</u>		<b>18. Age at time of THIS birth.</b> <u>29</u> yrs.	

<b>FATHER OF CHILD</b> 11. Color or Race <u>white</u> 13. Birthplace <u>Hyrum</u> <u>Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		<b>MOTHER OF CHILD</b> 17. Color or Race <u>white</u> 19. Birthplace <u>Hyrum</u> <u>Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4  
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

26. (a) NOV 13 1941 (Date received) (b) Mary H. Stoddard (Mother, etc) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)  
 and address ..... Date .....

State of Utah } ss.  
 County of Cache }

I, James L. Stoddard, being first duly sworn, say that I am related to Gustave Wallace Anderson as Brother (Related to (or) acquainted with)  
 (Name of person on certificate above) (State relationship or acquaintance)  
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Hatch, who attended said birth cannot be located and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located) (Name of attendant at birth)

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 10 17 day of November, 19 41  
 (SEAL) Samuel A. Dunn Notary Public, residing at Hyrum Utah  
 My commission expires Jan. 18, 1943.



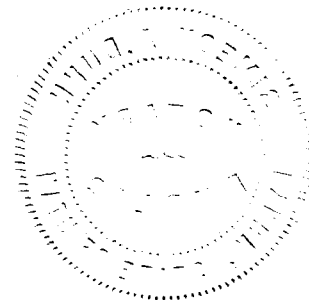
NOV 17 1941

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### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493 215 001 367

323787

323787

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

NOV 18 1941

1. **PLACE OF BIRTH** (All places at time of this birth)  
(a) County ADA (b) City USTICK  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
HOME OF JULIA A. COX  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County ADA  
(c) City .....  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.  
3. **RESIDENCE OF FATHER** (city, state) ADA COUNTY

4. **FULL NAME OF CHILD** ESME MURIEL MILLS  
6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child  
(Month, day, year) 7-15-1897

**FATHER OF CHILD**  
10. **FULL NAME** JOHN IRVING MILLS  
11. Color white 12. Age at time of THIS birth 37 yrs.  
13. Birthplace KALAMAZOO MICHIGAN  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** ELLA COX MILLS  
17. Color white 18. Age at time of THIS birth 27 yrs.  
19. Birthplace BOONE COUNTY IOWA  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Doctor Dutton who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Lule Signature  
P. O. Box 674 - Boise - Idaho P. O. Address

Subscribed and sworn to before me this 18 day of November, 1941.  
(SEAL) Walter M. Gray Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on NOV 18 1941 by Marj Igelier Registrar.

NOV 13 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. 323922  
Local Reg. No.  
Reg. Dist. No.

NOV 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

- (a) County Kootenai (b) City Sagle  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
Born on ranch  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home        days.  
IN THIS county 7 years 5 month s        days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonner  
(c) City Sagle  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 8 yrs.  
(f) Mother's mailing address Sandpoint, Ida.

3. RESIDENCE of FATHER (city, state) Sagle, Ida.

4. FULL NAME OF CHILD

Elmer Craig

5. Date of Birth

(Month, day year) Jan. 8, 1897

6. Sex Male

7. Twin or

Triplet Single

If so—born  
1st, 2nd, 3rd

8th

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Thomas P. Craig

11. Color

or Race White

12. Age at time

of THIS birth 44 yrs.

13. Birthplace

Linn County, Iowa

(City or town)

(State or foreign country)

14. Exact

Occupation Rancher

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Nevada Osborn

17. Color

or Race White

18. Age at time

of THIS birth 39 yrs.

19. Birthplace

Iowa

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7  
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00 P.M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Bertha A. Ryan, who is  
related to this child as Sister  
(First name) (Last name)

26. (a)

NOV 10 1941

(Date received)

(b)

Mary Osborn

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Date

State of IDAHO }  
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED

I, Bertha A. Ryan, being first duly sworn, say that I am related  
(Related to (or) acquainted with)  
Elmer Craig as sister, whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that Thomas P. Craig, who attended  
(Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this  
(SEAL)

7th day of

November

1941

Sagle, Idaho

Bertha A. Ryan Signature  
P. O. Address  
Sandpoint, Idaho  
Notary Public, residing at

100-100-100  
FEB 17 1959

JAN 26 1961

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-214.001-666

323943

United States (Be sure the information is as of date of birth of THIS child) State File No.  
 Department of Commerce NOV 19 1941 CERTIFICATE OF BIRTH Local Reg. No.  
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH  
 (a) County Ada (b) City Boise  
 (c) Street Address or R.F.D. No.  
 (d) Name of Hospital or Maternity Home:  
 (e) Mother's stay BEFORE delivery:  
 In Hosp. or Mat. Home.....days.  
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
 (a) State Idaho (b) County Ada  
 (c) City Boise  
 (d) Street Address or R.F.D. No. 3rd. & Wash/St.  
 (e) How long has MOTHER lived in Idaho? two yrs.  
 (f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Catherine Frantz 5. Date of Birth (Month, day year) Feb. 14, 1897  
 6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Charles Alan Frantz 16. FULL MAIDEN NAME Amy B. Woodworth  
 11. Color white 12. Age at time of THIS birth 28 yrs. 17. Color white 18. Age at time of THIS birth 23 yrs.  
 13. Birthplace Musc. atine Iowa (City or town) (State or foreign country) 19. Birthplace Big Rapids Michigan (City or town) (State or foreign country)  
 14. Exact Occupation Hardware merchant 20. Exact Occupation housewife  
 15. Industry or Business Hardware 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) NOV 19 1941 (b) Mary E. Eder 25. Attendant's OWN signature.....M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)  
 27. Given name added on.....by.....and address.....Date (Registrar's signature)

State of Idaho } ss.  
 County of Ada

I, Gertrude Tipton, being first duly sworn, say that I am.....acquainted with Catherine Frantz as.....an acquaintance (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Collister, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Gertrude Tipton Signature  
211 W. Jefferson St. Boise P. O. Address  
November 1941  
 Subscribed and sworn to before me on this.....day of.....1941  
 (SEAL) Mary E. Eder Notary Public, residing at Boise

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

OCT 13 1958

10-17-11

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465-125-022-217

323952

United States (Be sure the information is as of date of birth of THIS child) State File No. 323952  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. ....  
Bureau of Census STATE OF IDAHO Reg. Dist. No. ....

1. PLACE OF BIRTH (a) County Freemont (b) City Teton-Basin  
(c) Street Address or R.F.D. No. Idaho  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Freemont  
(c) City Teton-Basin  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address \_\_\_\_\_

3. RESIDENCE of FATHER (city, state) Teton-Basin Idaho

4. FULL NAME OF CHILD Edward Lee Darson Moncrief 5. Date of Birth Nov. 25, 1907  
(Month, day year)

6. Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Lee Moncrief  
11. Color or Race White 12. Age at time of THIS birth \_\_\_\_\_ yrs.  
13. Birthplace Georgia, U.S.A.  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta May Bagley  
17. Color or Race White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1  
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

26. (a) NOV 19 1941 (b) Mary H. Kelley  
(Date received) (Mother, etc.)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of WASHINGTON } ss.  
County of King }  
I, Louis F. Kelley, being first duly sworn, say that I am related \_\_\_\_\_  
Edward Lee Darson Moncrief as Step-father \_\_\_\_\_  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife \_\_\_\_\_, who attended said birth, is now deceased \_\_\_\_\_ and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)  
Subscribed and sworn to before me on this 18 day of November, 1941.  
(SEAL) Daisy M. Young Notary Public, residing at Seattle

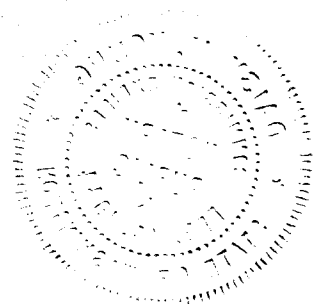


11-21-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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763-226-003-496

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1941

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

323999

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County.....Bannock..... (b) City.....Pocatello.....  
(c) Street Address or R.F.D. No.....135 N. Main.....  
(d) Name of Hospital or Maternity Home:  
.....In the Home.....  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State.....Idaho..... (b) County.....Bannock.....  
(c) City.....Pocatello, Idaho.....  
(d) Street Address or R.F.D. No.....135 No. Main.....  
(e) How long has **MOTHER** lived in Idaho?.....8.....yrs.  
3. **RESIDENCE OF FATHER** (city, state)Pocatello, Ida

4. **FULL NAME OF CHILD**.....Josephine Golding.....

5. Date of Birth of Child  
(Month, day, year).....Dec. 26, 1897.....

6. Sex.....Female..... 7. Twin or Triplet.....no..... If so—born 1st, 2nd, 3rd.....no.....

8. No. months of Pregnancy.....9..... 9. Legitimate? Yes.....no.....

**FATHER OF CHILD**

10. **FULL NAME**.....Charles Thomas Golding.....  
11. Color.....White..... 12. Age at time of THIS birth.....29.....yrs.  
13. Birthplace.....Birmingham, England.....  
(City or town) (State or foreign country)  
14. Exact Occupation.....Teamster.....  
15. Industry or Business.....T. B. Smith Co......

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**.....Josephine Marie Droubay.....  
17. Color.....White..... 18. Age at time of THIS birth.....30.....yrs.  
19. Birthplace.....Salt Lake City, Utah.....  
(City or town) (State or foreign country)  
20. Exact Occupation.....Housewife.....  
21. Industry or Business.....Housewife.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....None.....  
23. Number of children of this mother: (a) At time of birth and including this child.....5..... (b) Born alive and now living.....4.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date

State of.....Idaho.....  
County of.....Bannock..... ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 25 above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of.....  
(SEAL).....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....NOV 21 1941..... by.....Marcel E. Keifer..... Registrar.

NOV 2 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 2 1941

259 110 044 256

325063

United States (Be sure the information is as of date of birth of THIS child) State File No. ....  
 Department of Commerce NOV 18 1941 CERTIFICATE OF BIRTH Local Reg. No. ....  
 Bureau of Census STATE OF IDAHO Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (a) County <u>Washington</u> (b) City <u>near Council</u> (c) Street Address or R.F.D. No. <u>RFD</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home <u>      </u> days, at home IN THIS county <u>15</u> years month days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>near Council</u> (d) Street Address or R.F.D. No. <u>RFD</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs. (f) Mother's mailing address <u>Council, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>GERRY SNOW BEIER</u>		<b>3. RESIDENCE of FATHER</b> (city, state) <u>Council Idaho</u>	

<b>6. Sex</b> <u>male</u>		<b>7. Twin or Triplet</b> <u>no</u>		<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>yes</u>	
<b>5. Date of Birth</b> <u>July 10 1897</u> (Month, day year)		<b>10. FULL NAME</b> <u>Frederick William Beier</u>		<b>11. Color or Race</b> <u>white</u>		<b>12. Age at time of THIS birth</b> <u>42</u> yrs.	

<b>FATHER OF CHILD</b>				<b>MOTHER OF CHILD</b>			
<b>13. Birthplace</b> <u>near Buffalo, New York</u> (City or town) (State or foreign country)				<b>14. Exact Occupation</b> <u>Farmer</u>			
<b>15. Industry or Business</b> <u>Farming</u>				<b>16. FULL MAIDEN NAME</b> <u>Amelia Snow</u>			
<b>17. Color or Race</b> <u>white</u>				<b>18. Age at time of THIS birth</b> <u>29</u> yrs.			
<b>19. Birthplace</b> <u>Ephraim, Utah</u> (City or town) (State or foreign country)				<b>20. Exact Occupation</b> <u>housewife</u>			
<b>21. Industry or Business</b> <u>housewife</u>				<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>no</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>				<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>      </u> at <u>      </u> M. on the date <u>      </u> (born alive, stillborn)			

and at the place stated above, and that personal particulars were furnished by       , who is related to this child as        (First name) (Last name)

<b>26. (a) <u>Nov 18 - 1941</u></b> (Date received)		<b>(b) <u>Mabel Beier</u></b> (Registrar's signature)		<b>25. Attendant's OWN signature.</b> <u>      </u> M.D. (D.O., Midwife, etc.)	
<b>27. Given name added on <u>      </u> by <u>      </u></b> (Registrar's signature)		<b>and address</b> <u>      </u>		<b>Date</b> <u>      </u>	

State of Idaho  
 County of Washington } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Amelia Beier, being first duly sworn, say that I am related to Gerry Snow Beier as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A Dr. Lees (Name of attendant at birth) who attended said birth now deceased. and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19th day of November 19 41  
 (SEAL) John J. [Signature] Notary Public, residing at Welser, Idaho

Amelia Beier Signature  
Welser, Idaho P. O. Address

DEC 10 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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719 112 001 432

325 137

325137

United States  
Department of Commerce  
Bureau of the Census

DEC 3 1991

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 11 Pauley  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 11 Pauley  
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** Fredric Oden Garrett

5. Date of Birth of Child  
(Month, day, year) March 12 1897

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Speed A. Garrett  
11. Color White 12. Age at time of THIS birth 22 yrs.  
13. Birthplace Kentucky  
(City or town) (State or foreign country)  
14. Exact Occupation Common Laborer  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mamie Francis McBurney  
17. Color White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Iowa, Iowa Co.  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for ..... years, and that Dr. Geo. Haley who attended this birth Is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Francis McPhail Signature  
P. O. Address

Subscribed and sworn to before me this 3 day of Nov., 1991.  
(SEAL) Quentin Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1991 by Mabel Beeler, Registrar.

DEC 3 1941

DEC 3 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

NOV 27 1941

325215

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County <u>Fremont</u> (b) City <u>Haden</u> (c) Street Address or R.F.D. No. <u>home</u> (d) Name of Hospital or Maternity Home: <u>X</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county..... <u>about 1 year</u> months.....days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address..... 3. RESIDENCE OF FATHER (city, state).....
--	---

4. FULL NAME OF CHILD <u>Don Cleveland Smith</u>	5. Date of Birth (Month, day, year) <u>April 1, 1897</u>
6. Sex <u>male</u>	7. Twin or Triplet <u>X</u> If so—born 1st, 2nd, 3rd <u>X</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Don George Alexander Smith</u>	16. FULL MAIDEN NAME <u>Nancy Green Homer</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>20</u> years
11. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Springdale, Utah</u> (City or town) (State or foreign country)	14. Exact Occupation <u>ranching</u>	20. Exact Occupation <u>house-wife</u>
15. Industry or Business <u>stock-raising and farming</u>	21. Industry or Business.....		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at about 10 A.M. on the date NOV 27 1941 and at the place stated above, and that personal particulars were furnished by Nancy Green Smith, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

26. (a) <u>NOV 27 1941</u> (Date received)	(b) <u>[Signature]</u> (Registrar's signature)	25. Attendant's <u>no physician.</u> OWN signature.....M.D. or (D.O., Midwife, etc.) and address <u>X</u> Date <u>X</u>
27. Given name added on.....by..... (Registrar's signature)		

State of Utah } ss.  
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy Green Smith, being first duly sworn, say that I am the mother of above (Related to (or) acquainted with)  
Don Cleveland Smith as the mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Melissia Green Homer, who attended said birth, is now deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located)

X Nancy Green Smith Name  
St. George, Utah P. O. Address

Subscribed and sworn to before me on this 22 day of November, 1941.  
My Comm. Expires March 9, 1943 Notary Public, residing at St. George, Utah  
St George Utah



DEC 24 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4

Where the birth of a child born prior to the effective date of Chapter 91, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-130-007-313

325368

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO** **DEC 3 1941**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Soda Springs</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .....		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Soda Springs</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>41</u> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Soda Spring Ida</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan. 30 1897</u>	
<b>4. FULL NAME OF CHILD</b> <u>Frank James Harding</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> <u>No</u> <b>If so—born 1st, 2nd, 3rd</b> .....		<b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Edward Brant Harding</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>29</u> yrs. <b>13. Birthplace</b> (City or town) (State or foreign country) .....		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Alice Edmyra Harding</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>21</u> yrs. <b>19. Birthplace</b> (City or town) (State or foreign country) .....	
<b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> .....		<b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> .....	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) .....

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) .....

**25. Attendant's OWN signature** ..... **M.D. Midwife Address Date** .....

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Asotin }

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ..... years, and that Rosa Louise Gell, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward G. Harding Signature  
422 407 Clarkston P. O. Address

Subscribed and sworn to before me this 3d day of Dec, 1941  
(SEAL) Burt Halsen Notary Public, residing at Clarkston  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

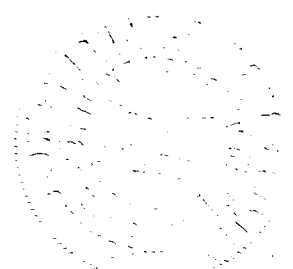
Received for filing on DEC 3 1941 by Mary Heffer Registrar.

12-4-21

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-112-028-766

325443

United States (Be sure the information is as of date of birth of THIS child) State File No. ....  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. ....  
Bureau of Census STATE OF IDAHO DEC 4 1941 Reg. Dist. No. ....

1. PLACE OF BIRTH (a) County Kootenai (b) City Rathdrum  
(c) Street Address or R.F.D. No. in country  
(d) Name of Hospital or Maternity Home: at own home  
(e) Mother's stay BEFORE delivery: at own home  
In Hosp. or Mat. Home days. 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Rathdrum - Route  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
(f) Mother's mailing address Rathdrum, Idaho

3. RESIDENCE of FATHER (city, state) Rathdrum Idaho

4. FULL NAME OF CHILD William Wallace Swofford 5. Date of Birth (Month, day year) June 12-1897  
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD  
10. FULL NAME Harvey Jefferson Swofford 11. FULL MAIDEN NAME Sarah Jane Gooden  
11. Color white 12. Age at time of THIS birth 54 yrs. 17. Color white 18. Age at time of THIS birth 42 yrs.  
13. Birthplace St. Clair, County, Missouri 19. Birthplace Tennessee  
(City or town) (State or foreign country) (City or town) (State or foreign country)  
14. Exact Occupation Farmer 20. Exact Occupation Housewife  
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6  
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

26. (a) DEC 4 1941 (Date received) (b) [Signature] (Mother, etc.)  
(Registrar's signature)  
27. Given name added on ..... by .....  
(Registrar's signature) 25. Attendant's OWN signature ..... M.D.  
(D.O., Midwife, etc.)  
and address ..... Date

State of Idaho } ss.  
County of Kootenai  
I, Leonard L. Swofford, being first duly sworn, say that I am related to  
William Wallace Swofford as brother - (older) (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that Mrs. Peterson, who attended  
said birth now deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 1st day of December 1941  
(SEAL) [Signature] Notary Public, residing at Goodman, Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

DEC 16 1968

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 5 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

132-105-040-765

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 5 1941

325449

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. **PLACE OF BIRTH:**  
(a) County..... SHOSHONE (b) City..... KELLOGG  
(c) Street Address or R.F.D. No. 120 R.R. Ave.  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home..... days.  
In **THIS** county..... years..... months..... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State..... Idaho (b) County..... Shoshone  
(c) City..... Kellogg  
(d) Street Address or R.F.D. No. 120 RR Ave  
(e) How long has **MOTHER** lived in Idaho?..... 6 yrs.  
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state)..... Idaho

4. **FULL NAME OF CHILD**..... Fred Sam Albinola
5. Date of Birth..... Dec. 5 th, 1897  
(Month, day, year).....
6. Sex..... Male 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy..... 9 9. Legitimate?..... Yes

## FATHER OF CHILD

10. **FULL NAME**..... Peter Albinola
11. Color or Race..... Wh 12. Age at time of THIS birth..... 38 yrs.
13. Birthplace..... Besano Italy  
(City or town) (State or foreign country)
14. Exact Occupation..... Stone-Mason
15. Industry or Business.....

## MOTHER OF CHILD

16. **FULL MAIDEN NAME**..... Lucia Gondola
17. Color or Race..... Wh 18. Age at time of THIS birth..... 25 years
19. Birthplace..... Besano Italy  
(City or town) (State or foreign country)
20. Exact Occupation..... House wife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 5 (b) Born alive and now living..... 5  
(c) Born alive and now dead..... 0 (d) Stillborn..... None

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... Born alive at..... 10:30 PM. on the date.....  
(born alive, Lucia Albinola  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... Mother.....  
(Mother, etc.) (First name) (Last name)

- DEC 5 1941
26. (a)..... (b).....  
(Date received) (Registrar's signature)
25. Attendant's  
**OWN signature**..... M.D. or.....  
(D.O., Midwife, etc.)
27. Given name added on..... by.....  
(Registrar's signature) and address..... Date.....

State of..... Idaho..... }  
County of..... Shoshone..... } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucia Albinola....., being first duly sworn, say that I am..... Related.....  
Fred Sam Albinola as..... Mother.....  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Dr. Franklin Machett....., who attended said birth..... Deceased..... and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

x Lucia Albinola..... Name.....  
114 RR Ave., Kellogg, Idaho..... P. O. Address.....

Subscribed and sworn to before me on this..... day of.....  
(SEAL) May 31 1945 Notary Public, residing at.....  
Commission expires July 30, 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **325561**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**DEC 11 1941**

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

**1. PLACE OF BIRTH**

(a) County Ada (b) City Star  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Star  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 17 yrs.  
(f) Mother's mailing address Star

**3. RESIDENCE of FATHER** (city, state) Star Ida.

**4. FULL NAME OF CHILD** James Albert Hughes

5. Date of Birth  
(Month, day, year) Oct 17 1897

6. Sex \_\_\_\_\_ 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_ 8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? ☒

**FATHER OF CHILD**

10. FULL NAME Rufus Archiebold Hughes

11. Color White 12. Age at time of THIS birth 23 yrs.

13. Birthplace Missouri  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Iva Snow Breshears

17. Color White 18. Age at time of THIS birth 17 yrs.

19. Birthplace Middleton Idaho  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4  
(c) Born alive and now dead — (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at X M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by James Hughes, who is related to this child as Father (First name) (Last name) (Mother, etc.)

26. (a) Dec 11 1941 (Date received) (b) Malcolm Hedger (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature Cliff Hall M.D. (D.O., Midwife, etc.) and address Meridian Id Date \_\_\_\_\_

State of Idaho, }  
County of Ada, } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Iva Snow Blessinger, being first duly sworn, say that I am related to James Albert Hughes as Mother (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. W. Hall (Name of attendant at birth), who attended said birth can be found if necessary and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Iva Snow Blessinger Signature  
Boise, Idaho, Rural Route One P. O. Address

Subscribed and sworn to before me on this 6th day of May, 1941.

(SEAL)

Anton Gordon Notary Public, residing at Boise, Idaho.  
My commission expires February 28, 1943.

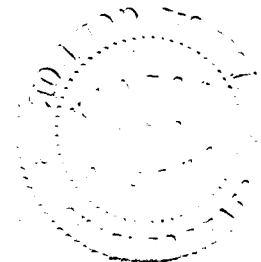


DEC 11 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



913128 029 319

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941 CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 325746  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. Elm Street  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

5. Date of Birth of Child Aug 28  
(Month, day, year) 1897

4. FULL NAME OF CHILD

Fred Clark Rathbun

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Erastus Artemus Rathbun

11. Color White 12. Age at time of THIS birth 36 yrs.

13. Birthplace Wisconsin (not known)  
(City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Maria Larrabee

17. Color White 18. Age at time of THIS birth 30 yrs.

19. Birthplace Pottawattime County, Iowa  
city not known (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 7 at at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Dr. Carithers, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of Idaho }  
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears

in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that

Dr. Carithers (First name) Dr. Carithers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of December, 1941

(SEAL)

Robert W. Johnson Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

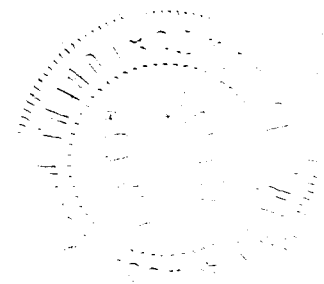
Received for filing on DEC 12 1941 by Mary E. Fisher, Registrar.

12-15-41

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415 705 029-214

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941 CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File **325838**  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah (b) City Genesee  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county 12 years 8 months  days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Genesee  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 33 yrs.  
3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Irvin Adolph Manderfeld  
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child  
(Month, day, year) Aug. 5, 1897

FATHER OF CHILD  
10. FULL NAME Hubert H. Manderfeld  
11. Color white 12. Age at time of THIS birth 31 yrs.  
13. Birthplace New Ulum, Minn.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

MOTHER OF CHILD  
16. FULL MAIDEN NAME Clara Baumgartner  
17. Color white 18. Age at time of THIS birth 27 yrs.  
19. Birthplace New Ulum, Minn.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was  at  M. on the date  (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by , who is related to this child as  (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho  
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that Hubert H. Manderfeld, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eratt Baumgartner Signature  
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of December, 1941  
(SEAL) [Signature] Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel Hepler, Registrar.

DEC 11 1911

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



389-105 004-753

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

DEC 16 1941

325842  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Montpelier.....  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
Birth at home residence.  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake.....  
(c) City Montpelier.....  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 14 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** James Edward Christoffersen

5. Date of Birth of Child Idaho  
(Month, day, year) Jan. 5, 1897

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James C. Christoffersen  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Denmark.  
(City or town) (State or foreign country)  
14. Exact Occupation R.R. Section foreman.  
15. Industry or Business Railroading.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Jensine Petersen  
17. Color white 18. Age at time of THIS birth 39 yrs.  
19. Birthplace Denmark.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife.  
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum none that I remember.  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3 P. M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by myself, as mother, who is  
related to this child as mother.  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature Deceased. M.D. Midwife Address Date

State of Bear State of Idaho  
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for ..... years, and that Annie Hillier, who attended this birth deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jensine Christoffersen Signature  
P. O. Address

Subscribed and sworn to before me this 12th day of December, 1941.  
(SEAL) Chas. E. Harris Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Maude T. Elder Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

327142

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

DEC 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. Cor. Cleveland Ave.  
(d) Name of Hospital or Maternity Home: C. B. St. St.

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock  
(c) City Pocatello Cor. Cleveland Ave.  
(d) Street Address or R.F.D. No. C. B. St. St.  
(e) How long has MOTHER lived in Idaho since 1884 \_\_\_\_\_  
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) Pocatello, Idaho

5. Date of Birth  
(Month, day, year) Nov. 27, 1897

4. FULL NAME OF CHILD

FRED DRAKE TURNER

6. Sex Male

7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Turner

11. Color or Race White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Ringgold, Ohio  
(City or town) (State or foreign country)

14. Exact Occupation Real estate, fire ins. and

15. Industry or Business abstracting etc. Self employed.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Petty

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

19. Birthplace Richmond, Utah  
(City or town) (State or foreign country)

20. Exact Occupation House-wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead Nil (d) Stillborn Nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) DEC 22 1941 (b) M. J. Keeler  
(Date received) (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

W. Theo. Turner and Lucy, being first duly sworn, say that they are related to  
Fred Drake Turner as father and mother, respectively  
(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. James H. Bean, who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature

Pocatello, Idaho, P. O. Address

Subscribed and sworn to before me on this 20th day of December, 1941.

(SEAL)

Notary Public, residing at Pocatello, Idaho

My commission expires: Oct. 15, 1944



DEC 23 1937

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 27 1941

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County... Bannock (b) City... Central  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: At Residence  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State... Idaho (b) County... Bannock  
(c) City... Central  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? One yrs.  
3. **RESIDENCE OF FATHER** (city, state) Central, Idaho

4. **FULL NAME OF CHILD** David Peter Hansen  
6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child  
(Month, day, year) Oct. 15, 1897

8. No. months of Pregnancy 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Anders Peter Hansen  
11. Color White 12. Age at time of THIS birth 48 yrs.  
13. Birthplace Myrup, Holberg, Denmark  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Wilhelmina Erika Forsman  
17. Color White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Femebo, Sweden  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 44 years, and that the person, who attended this birth deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chas. G. Hansen Signature  
R.F.D. #3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941  
(SEAL) J. Redman Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

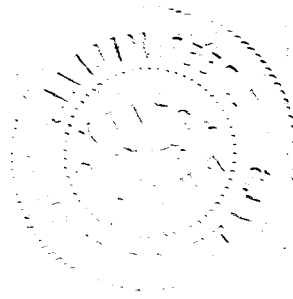
Received for filing on DEC 27 1941 by Clyde J. Bridger Registrar.

DEC 27 1941

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **327307**  
Local Reg. No.  
Reg. Dist. No.

**DEC 15 1941**

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Genesee  
(c) Street Address or R.F.D. No. Country  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Genesee  
(d) Street Address or R.F.D. No. Country  
(e) How long has **MOTHER** lived in Idaho? 20 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Clarence Rudolph Pauls  
6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child,  
(Month, day, year) July 31, 1897

**FATHER OF CHILD**  
10. **FULL NAME** Peter Pauls  
11. Color W. 12. Age at time of THIS birth 48 yrs.  
13. Birthplace Sweden  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Emily Olson  
17. Color W 18. Age at time of THIS birth 33 yrs.  
19. Birthplace Sweden  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know  
23. Number of children of this mother: (a) At time of birth and including this child six. (b) Born alive and now living six.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_  
Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho  
County of Gooding } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ mother \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that \_\_\_\_\_, who attended this birth, \_\_\_\_\_ cannot locate \_\_\_\_\_ I further state that \_\_\_\_\_  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Olson Pauls Signature  
Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of December, 1941.  
(SEAL) \_\_\_\_\_ Notary Public, residing at Gooding, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel E. Eifer, Registrar.

DEC 29 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618-122-0 40-432

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

DEC 26 1941

State File No. **327379**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Shoshone (b) City Gem  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Private Home (her own)  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County ....  
(c) City Gem  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? about 6 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Raymond F. Fahy

**5. Date of Birth of Child**  
(Month, day, year)

July 22, 1897

**6. Sex**

male

Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

**8. No. months of Pregnancy**

**9. Legitimate?**

**FATHER OF CHILD**

**10. FULL NAME**

John F. Fahy

**11. Color or Race**

White

**12. Age at time of THIS birth**

44 yrs.

**13. Birthplace**

American

(City or town)

(State or foreign country)

**14. Exact Occupation**

Mining

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Laura M. Kinney

**17. Color or Race**

White

**18. Age at time of THIS birth**

44 yrs.

**19. Birthplace**

Wausau, Wisconsin

(City or town)

(State or foreign country)

**20. Exact Occupation**

Home maker

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

**25. Attendant's**

**OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of .....  
County of ..... ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (dear) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 44 years, and that The Doctor who attended this birth cannot be located I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(misgtd) Hazel M. Voss Signature  
Fessenden, N.D. P. O. Address

Subscribed and sworn to before me this 13 day of Dec 1941

(SEAL)

Notary Public, residing at Fessenden N.D.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 26 1941** by Mary Heeler, Registrar.

DEC 29 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

751-112-044-685

327381

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 70  
Reg. Dist. No. 320

**1. PLACE OF BIRTH:**

(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. Pt. #3  
(d) Name of Hospital of Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
In Hospital or Maternity Home \_\_\_\_\_ Days  
In **THIS** county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

**2. USUAL RESIDENCE of MOTHER:** (Always fill in these)

(a) State Idaho (b) County Washington  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.  
(f) Mother's mailing address (For registration notice):  
Weiser, Idaho  
(Street or R.F.D.) (Postoffice)

**3. RESIDENCE OF FATHER** (city, state) Weiser, Ida.

**4. FULL NAME OF CHILD** Homer Pearson

**5. DATE OF BIRTH**  
(Month, day, year) 4/12/1897

6. Sex \_\_\_\_\_

7. Twin or  
Triplet \_\_\_\_\_

If so—born  
1st, 2nd, 3rd \_\_\_\_\_

8. No. months  
of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. **FULL NAME** William Malan Pearson

11. Color or Race Wht. 12. Age at time of THIS birth 27 yrs.

13. Birthplace Sedan Kansas  
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farm

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Florence Wheelhouse

17. Color or Race Wht. 18. Age at time of THIS birth 25 yrs.

19. Birthplace Shell Dell Iowa  
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Ownhome

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 A. M. on the date \_\_\_\_\_  
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by William Pearson, who is  
(First name) (Last name)

related to this child as Father  
(Mother, etc.)

26. (a) 12/23/41  
(Date received)

(b) M. Hawthorne  
(Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's Joseph R. Numbers M.D.  
**OWN signature** (D.O., Midwife, etc.)

and address Boise Ida Date 12/20/41



SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### **MEDICAL REPORT**

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....  
.....

(b) Labor: Complications: .....

.....  
..... Induced? .....  
.....

(c) State all operations for delivery .....

.....  
.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....  
.....

249-117 029 364

United States  
Department of Commerce  
Bureau of the Census

DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

327403

State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah, Idaho (b) City Near Garfield, Wn.  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
Born at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 6 years 0 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Near Garfield, Wash.  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 7 yrs.  
3. RESIDENCE OF FATHER (city, state) Garfield, Wn.

4. FULL NAME OF CHILD Robert Elmer Smith  
6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Oct. 17, 1897

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Charles Simeon Smith  
11. Color White 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Sidney, Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Lydia Emeline ~~Smith~~ Comer  
17. Color White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Edgar County Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that Mrs. Elizabeth Griner, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Charles Simeon Smith Signature  
Princeton, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of December, 19 41  
(SEAL) Don M. Johnson Notary Public, residing at Garfield, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mary E. E. E. E. Registrar.

DEC 29 1941

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**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2515 109,029 766

327424

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

DEC 29 1941

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City on farm in county  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Patlatch, Idaho  
(d) Street Address or R.F.D. No. none  
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Clarence Russel Kincaid
5. Date of Birth of Child  
(Month, day, year) May 9, 1897
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** James Madison Kincaid
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Williamsburg, Kentucky  
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Annie May Powers
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Springfield, Oregon  
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 9. (b) Born alive and now living 12.

**ATTENDANT'S CERTIFICATE (none alive)**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington County of Whitman } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ..... years, and that Lazelle Ruby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature  
P. O. Address  
Subscribed and sworn to before me this 27th day of December, 1941  
(SEAL) King Notary Public, residing at Palouse  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Marcel Heeder Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

551-103036765  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **327471**  
Local Reg. No. ....  
Reg. Dist. No. ....

**Dec 26 1941**

1. **PLACE OF BIRTH:**  
(a) County. Oneida (b) City. Malad  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Private Home  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
In **THIS** county. .... years. .... months. .... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State. Idaho (b) County. Oneida  
(c) City. Malad  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 70 yrs.  
(f) Mother's mailing address. Malad, Idaho
3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD.** James Walton J. Evans
5. Date of Birth (Month, day, year) Dec. 3, 1897
6. Sex. Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? yes

## FATHER OF CHILD

## MOTHER OF CHILD

10. **FULL NAME** Isaac Evans
11. Color or Race White 12. Age at time of THIS birth. 32 yrs.
13. Birthplace. South Wales, Great Britain  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
16. **FULL MAIDEN NAME** Annie W. Jones
17. Color or Race White 18. Age at time of THIS birth. 27 years
19. Birthplace. Malad, Idaho  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 2  
(c) Born alive and now dead. 1 (d) Stillborn. ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 A.M. on the date DEC 26 1941 and at the place stated above, and that personal particulars were furnished by Annie W. J. Evans, who is related to this child as Mother (First name) (Last name)

26. (a) DEC 26 1941 (b) Mary H. Eldon  
(Date received) (Registrar's signature)
27. Given name added on. .... by. ....  
(Registrar's signature)
25. Attendant's **OWN signature** ..... M.D. or .....  
(D.O., Midwife, etc.)  
and address ..... Date

State of. Idaho } ss.  
County of. Oneida

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie W. J. Evans, being first duly sworn, say that I am Related to  
James Walton J. Evans as Mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Richter, who attended said birth, is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 14th day of September

(SEAL)

Mrs. Annie W. Jones Evans Name  
Malad, Idaho P. O. Address

John H. McAllister Notary Public, residing at Malad, Idaho  
Clark of the District Court

DEC 31 1911

# DELAYED REGISTRATION LAW

(1911 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed in the local register or record in the Bureau of Vital Statistics for the purpose and effect provided in Chapter 1, Title 25, Iowa Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or affidavit of the father or mother of the child, or if neither father nor mother of the child is living or accessible, of the nearest kin or guardian, or some person having direct knowledge in the premises.



316-213022-766

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

DEC 24 1941

327511  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Jefferson (b) City Menan  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
At Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Jefferson  
(c) City Menan  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 60 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Menan

4. **FULL NAME OF CHILD** Thurza Lawson  
5. Date of Birth of Child  
(Month, day, year) April 13 1897  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Brigham G. Lawson (deceased)  
11. Color or Race White 12. Age at time of THIS birth 38 yrs.  
13. Birthplace Ogden Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**  
16. **FULL NAME** Susanna Poole  
17. Color or Race White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Ogden Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living X

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....(First name) (Last name)  
(Mother, etc.)  
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho  
County of Jefferson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....79.....years of age, that I have known this person for.....years, and that  
(Mother, etc.)  
Janette Poole....., who attended this birth.....is now deceased.....I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susanna Poole Lawson Signature  
Menan, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of December, 1941.  
(SEAL) George M. Larson Notary Public, residing at Menan, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1941 by Mary E. Egan, Registrar.



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 38, Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 101-029 342

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

327516  
DEC 26 1941  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah (b) City Avon  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
at home of parents  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Avon  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 4 yrs.  
3. RESIDENCE OF FATHER (city, state) Avon, Idaho

4. FULL NAME OF CHILD Jack Davis

5. Date of Birth of Child  
(Month, day, year) 8-1-1897

6. Sex male 7. Twin or Triplet none If so—born 1st, 2nd, 3rd none 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Joseph Arthur Davis  
11. Color white 12. Age at time of THIS birth 49 yrs.  
13. Birthplace Mankato, Minn.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Olive Belle Custer  
17. Color white 18. Age at time of THIS birth 40 yrs.  
19. Birthplace Berlin, Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know  
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho  
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 38 years, and that Mrs. Dick Scott is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry P. Clark Signature  
1112 Eighth St., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of December 1941  
(SEAL) Leo Mc Carthy Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-574, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Marion Decker Registrar.

DEF 21 190

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-105-025-156

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

327604

DEC 29 1941

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

## 1. PLACE OF BIRTH:

(a) County Idaho (b) City Grangeville

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

In THIS county.....years.....months.....days.

## 2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Idaho

(c) City Kooskia

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 60 yrs.

(f) Mother's mailing address Kooskia, Idaho

## 3. RESIDENCE OF FATHER (city, state) deceased

## 4. FULL NAME OF CHILD

Ralph Warren Gelbach

## 5. Date of Birth

(Month, day, year) Jan. 5, 1897

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Charles Henry Gelbach

11. Color White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Hurricane, Grant County, Wisconsin  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Mellie Elizabeth Jeffries

17. Color White 18. Age at time of THIS birth 21 years

19. Birthplace Sutherlin, Oregon  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

26. (a) DEC 29 1941 (b) Maud Heifer  
(Date received) (Registrar's signature)

27. Given name added on.....by.....  
(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....  
(D.O., Midwife, etc.)  
and address Date

State of Washington } ss.  
County of Whitman

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mellie E. Gelbach, being first duly sworn, say that I am related to  
Ralph Warren Gelbach as mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. F. Shawley, who attended  
said birth is now deceased (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs. Maud E. Gelbach Name  
Kooskia, Idaho. P. O. Address

Subscribed and sworn to before me on this 26th day of December, 1941

(SEAL)

Henry Hartman Notary Public, residing at Pullman

100750  
JAN 2 1942

INTRICATE STATIONERY

TO STATE

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 135, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local health officer, or the physician of the child, for the purpose of such registration, Chapter 2, Title 26, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-168-029893

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941  
CERTIFICATE OF BIRTH  
STATE OF IDAHO

327780  
State File No.  
Local Reg. No.  
Reg. Dist. No.

I. PLACE OF BIRTH

(a) County Idaho (b) City Kendrick  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City Kendrick  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 30 yrs.  
(f) Mother's mailing address deceased

4. FULL NAME OF CHILD

Elmer Benton Smith

5. Date of Birth

(Month, day year) June 28, 1897

6. Sex

7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Father of Child  
Leroy Martin Smith

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mother of Child  
Harriet Bell Hill

11. Color or Race white 12. Age at time of THIS birth 31 yrs.

17. Color or Race white 18. Age at time of THIS birth 27 yrs.

13. Birthplace Not Known (U.S.)  
(City or town) (State or foreign country)

19. Birthplace near Salem, Oregon  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation Housewife

15. Industry or Business \_\_\_\_\_

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7  
(c) Born alive and now dead 3 (d) Stillborn Not Known

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) DEC 31 1941 (b) Mabel Hecker  
(Date received) (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

State of Washington } ss.  
County of Whitman

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hazel V. Myrman, being first duly sworn, say that I am Related to (Related to (or) acquainted with)  
Elmer Benton Smith as sister older (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not Known (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 29 day of December, 1941

(SEAL)

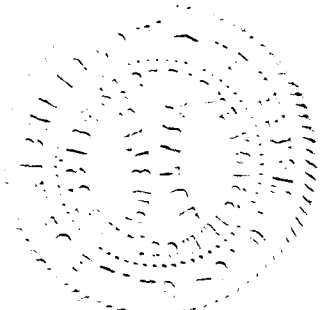
Hazel V. Myrman Signature  
Boise, Idaho P. O. Address  
Notary Public, residing at Boise, Wash.

JAN 5 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



545-116009-514  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

JAN 2 1942

327788  
State File No.  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. Street Name forgotten  
(d) Name of Hospital or Maternity Home: At home

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years 6 months days

**4. FULL NAME OF CHILD**

Harold Ernest Edwards

**6. Sex** Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME John Melvin Edwards  
11. Color White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Lauder County, Tenn.  
(City or town) (State or foreign country)  
14. Exact Occupation Clark  
15. Industry or Business Dry Goods Store

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No. Forgotten  
(e) How long has MOTHER lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho

5. Date of Birth of Child  
(Month, day, year) Oct 16, 1897

8. No. months of Pregnancy 9

9. Legitimate? Yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Emma Ethel Vaughn  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Marion County, Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Washington }  
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Name forgotten, who attended this birth Cannot be located, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Maud Beiler, Registrar.

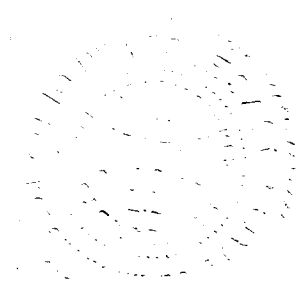


JAN 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 203003-235

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **327881**

Local Reg. No. ....

Reg. Dist. No. ....

**JAN 2 1942**

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

**1. PLACE OF BIRTH**

- (a) County Bannock (b) City Franklin  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: our home  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county years month days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)

- (a) State Idaho (b) County Bannock  
(c) City Franklin  
(d) Street Address or R.F.D. No. P.O.  
(e) How long has **MOTHER** lived in Idaho? 51 yrs.  
(f) Mother's mailing address Franklin, Idaho

**3. RESIDENCE of FATHER** (city, state) " "

**4. FULL NAME OF CHILD**

Lois Bell Morehead

**5. Date of Birth**

(Month, day year) Dec. 3, 1897

**6. Sex** female

**7. Twin or**  
Triplet

If so—born  
1st, 2nd, 3rd

**8. No. months**  
of Pregnancy 9

**9. Legitimate?** yes

**FATHER OF CHILD**

- 10. FULL NAME** Daniel Claiborn Morehead  
**11. Color or Race** white **12. Age at time of THIS birth** 27 yrs.  
**13. Birthplace** Smithfield, Utah  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farming  
**15. Industry or Business** Lumbering

**MOTHER OF CHILD**

- 16. FULL MAIDEN NAME** Elizabeth Ann Stephenson  
**17. Color or Race** white **18. Age at time of THIS birth** 25 yrs.  
**19. Birthplace** Adamsville, Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** none

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

- 23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 7  
(c) Born alive and now dead 3 (d) Stillborn none

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by Daniel Morehead, who is related to this child as Father (First name) (Last name)

**26. (a)** JAN 2 1942 **(b)** Mary E. ... **25. Attendant's OWN signature.** OWN **M.D.** (D.O., Midwife, etc.)

**27. Given name added on** ..... **by** ..... **and address** ..... **Date** .....

State of California } ss.  
County of San Diego

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Daniel Claiborn Morehead, being first duly sworn, say that I am related to Lois Bell Morehead as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth) who attended said birth ..... and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Daniel Claiborn Morehead Signature  
1247 W. 48th Street, Los Angeles O. Address

Subscribed and sworn to before me on this 23rd day of Jan 1942  
(SEAL) [Signature] Notary Public, residing at San Diego

JAN 7 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 127806 - JAN 5 1942

United States <sup>673</sup>  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **327989**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County **BINGHAM** (b) City **IDAHO FALLS**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: **None**  
(e) Mother's stay BEFORE delivery:  
IN THIS county **3** years **6** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State **IDAHO** (b) County **BINGHAM**  
(c) City **IDAHO FALLS**  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? **3 1/2** yrs.  
3. RESIDENCE OF FATHER (city, state) **Idaho Falls, Ida**

4. FULL NAME OF CHILD **WILLIAM JAMES BARNES**

5. Date of Birth of Child  
(Month, day, year) **Nov. 27, 1897**

6. Sex **MALE** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

**FATHER OF CHILD**

10. FULL NAME **JOHN HILLMAN BARNES**  
11. Color **WHITE** 12. Age at time of THIS birth **42** yrs.  
13. Birthplace **BLIMA MONMOUTH SHIRE ENG.**  
(City or town) (State or foreign country)  
14. Exact Occupation **GARDNER**  
15. Industry or Business **GARDENING**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **BETHIA WILKINS**  
17. Color **WHITE** 18. Age at time of THIS birth **37** yrs.  
19. Birthplace **BUCKLEBERRY BERKS ENG.**  
(City or town) (State or foreign country)  
20. Exact Occupation **HOUSEWIFE**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**

23. Number of children of this mother: (a) At time of birth and including this child **10** (b) Born alive and now living **5**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** } ss.  
County of **Tremont**

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **55** years of age, that I have known this person for **44** years, and that **Midwife Mrs Cook** who attended this birth **is now deceased**. I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Ada B. Christensen** Signature  
**St. Anthony, Idaho** P. O. Address

Subscribed and sworn to before me this **2** day of **Jan**, 19**42**.  
(SEAL) **Wm. H. Hines** Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-944, Idaho Code Annotated.)

Received for filing on **JAN 5 1942** by **Marjorie E. Lefter**, Registrar.

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of 1937 Session Laws, has not been recorded, or in case of which has occurred subsequent to such ed and filed by the local registrar for Statistics for the purposes and uses 8, Idaho Code Annotated, when such fficate of the attending physician or father or mother of the child, or if child is living or accessible, of the e person having direct knowledge midwife, or by neither father or m nearest of kin or gu in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942 3897114 006-112

328000

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D. No. R. 7, 28  
(d) Name of Hospital or Maternity Home: at farm home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 1 years 4 months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Bingham  
(c) City Idaho Falls  
(d) Street Address or R.F.D. No. R. 7, 18  
(e) How long has MOTHER lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

**4. FULL NAME OF CHILD** Oscar Albert Thronsdorn

5. Date of Birth of Child  
(Month, day, year) March 14-1897

6. Sex male 7. Twin or Triplet Twins If so—born 1st, 2nd, 3rd 5th 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Ole Thronsdorn  
11. Color white 12. Age at time of THIS birth 48 yrs.  
13. Birthplace Valders Norway, Europe  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Astrid Asberg  
17. Color white 18. Age at time of THIS birth 33 yrs.  
19. Birthplace Valders Norway, Europe  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Farmer's wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Shash Kussap M.D. Midwife Address Date

State of Idaho } ss.  
County of Kootenai

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears  
in Item 4, above, that I am now 56 years of age, that I have known this person for 44 years, and that  
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of February 1942  
(SEAL) James J. Jensen Notary Public, residing at BREMERTON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by M. and B. Decker Registrar.

JAN 7

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 328185  
Local Reg. No.  
Reg. Dist. No.

JAN 12 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

328185 328185

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Hampan  
(c) Street Address or R.F.D. No. Rural  
(d) Name of Hospital or Maternity Home: ✓

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years months days

4. FULL NAME OF CHILD Ina Marie Huff

6. Sex Female 7. Twin or Triplet × If so—born 1st, 2nd, 3rd ×

FATHER OF CHILD

10. FULL NAME Archibald Hustle Huff  
11. Color White 12. Age at time of THIS birth 51 yrs.  
13. Birthplace Warrensburg, Mo.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business ✓

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Hampan  
(d) Street Address or R.F.D. No. Rural  
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) Aug 3, 1897

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Erene Davison  
17. Color White 18. Age at time of THIS birth 40 yrs.  
19. Birthplace Adrian, Mich.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2 cc. Argisol  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at — M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Bertha Knowlton, who is related to this child as Sister (Mother, etc.)  
25. Attendant's OWN signature J H Murray M.D. Address Hampan Date Ida

State of Idaho } ss.  
County of \_\_\_\_\_

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name), who attended this birth \_\_\_\_\_ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature \_\_\_\_\_  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

(SEAL)

Notary Public, residing at \_\_\_\_\_

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Maud E. Egan, Registrar.



JAN 12 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **328397**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County KOOTENAI (b) City PATSDRUM  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ..  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 7 years 7 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County KOOTENAI  
(c) City PATSDRUM  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 7 1/2 yrs.

4. **FULL NAME OF CHILD** BASIL JOHN ROYCE

3. **RESIDENCE OF FATHER** (city, state) PATSDRUM, IDAHO  
5. Date of Birth of Child  
(Month, day, year) JAN. 23, 1897

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** CHARLES WILLIAM ROYCE  
11. Color or Race WHITE 12. Age at time of THIS birth 28 yrs.  
13. Birthplace LINCOLN NEBRASKA  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business ..

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** EFFIE ROSS  
17. Color or Race WHITE 18. Age at time of THIS birth 19 yrs.  
19. Birthplace MT. MARIA MISSOURI  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum ..  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of California } ss.  
County of San Diego

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 45 years, and that Frank F. Wang who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Effie Royce Signature  
306 - 5 St. National City, Cal. P. O. Address

Subscribed and sworn to before me this 8 day of January, 1942  
(SEAL) Chas. T. Smith Notary Public, residing at Chico, Vista Calif.

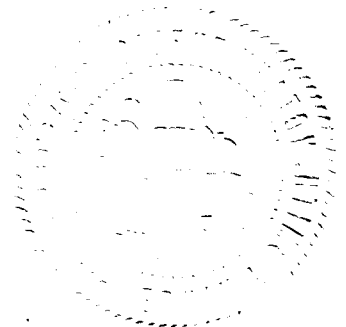
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Commission Expires April 24, 1945)

Received for filing on JAN 10 1942 by Mary I. Keeler Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 9 1942

United States

Department of Commerce

Bureau of Census

(Be sure the information is as of date of birth of THIS child)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

328415

## 1. PLACE OF BIRTH

(a) County Emmett (b) City Emmett  
 (c) Street Address or R.F.D.No.  
 (d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.

IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

## 2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon  
 (c) City Emmett  
 (d) Street Address or R.F.D.No.  
 (e) How long has MOTHER lived in Idaho? 11 yrs.  
 (f) Mother's mailing address:

3. RESIDENCE of FATHER (city, state) Emmett Idaho

5. Date of Birth

(Month, day year) Oct. 31 1897

## 4. FULL NAME OF CHILD

Bessie Ella Moulton6. Sex White

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? yes

## FATHER OF CHILD

## 10. FULL NAME

John Moulton11. Color or Race White12. Age at time of THIS birth 26 yrs.

13. Birthplace

Laclede Kansas

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

Eliza Christiana Atkins17. Color or Race White18. Age at time of THIS birth 24 yrs

19. Birthplace

Lewisville Kansas

(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JAN 9 1942 (Date received)(b) Mary H. Fisher (Registrar's signature)

25. Attendant's

OWN signature Victoria Smith M.D.and address Emmett (D.O., Midwife, etc.) Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of IdahoCounty of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Moulton, being first duly sworn, say that I am Related (Related to (or) acquainted with) \_\_\_\_\_ as \_\_\_\_\_ (State relationship or acquaintance) \_\_\_\_\_, whose birth certificateappears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Victoria Smith (Name of attendant at birth) \_\_\_\_\_, who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 1942

(SEAL)

Notary Public, residing at Victor, Mo.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born prior to the effective date of~~  
Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

962-112033816

328510

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County. <u>MADISON</u> (b) City. <u>TETON</u> (c) Street Address or R.F.D.No. _____ (d) Name of Hospital or Maternity Home: <u>NONE</u> <u>IN OWN HOME</u> (e) Mother's stay <u>BEFORE</u> delivery: <u>IN OWN HOME</u> In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		<b>2. USUAL RESIDENCE of MOTHER</b> (At time of this birth) (a) State. <u>IDAHO</u> (b) County. <u>MADISON</u> (c) City. <u>TETON</u> (d) Street Address or R.F.D.No. _____ (e) How long has MOTHER lived in Idaho? <u>I</u> yrs. (f) Mother's mailing address. <u>TETON, IDAHO.</u>	
<b>4. FULL NAME OF CHILD</b> <u>FERN BASIL ROBERTSON-</u>		<b>5. Date of Birth</b> _____ (Month, day year) <u>1-12-97.</u>	
<b>6. Sex</b> <u>MALE</u>	<b>7. Twin or Triplet</b> _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>YES</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>JOSEPH CLEMENTS ROBERTSON</u> <b>11. Color or Race</b> <u>WHITE-</u> <b>12. Age at time of THIS birth.</b> <u>27</u> yrs. <b>13. Birthplace.</b> <u>CHICAGO</u> <u>ILLINOIS.</u> (City or town) (State or foreign country) <b>14. Exact Occupation.</b> <u>MERCHANT</u> <b>15. Industry or Business</b> <u>HARDWARE AND GROCERIES</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>EDITH MAY HAWLEY.</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth.</b> <u>19-</u> yrs <b>19. Birthplace.</b> <u>PLESENT GROVE</u> <u>UTAH</u> (City or town) (State or foreign country) <b>20. Exact Occupation.</b> <u>HOUSE WIFE</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child. <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead _____ (d) Stillborn _____			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>ALIVE</u> at <u>12<sup>00</sup></u> P. M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Joseph C. Robertson</u> , who is related to this child as <u>FATHER</u> (First name) (Last name)			
<b>26. (a)</b> <u>JAN 9 1942</u> (Date received)		<b>25. Attendant's</b> <u>Joseph C. Robertson</u> M.D. <b>OWN signature.</b> _____ (D.O., Midwife, etc.)	
<b>27. Given name added on</b> _____ by _____ (Registrar's signature)		<b>and address</b> _____ <b>Date</b> _____	

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOSEPH CLEMENTS ROBERTSON, being first duly sworn, say that I am RELATED TO FERN BASIL ROBERTSON as FATHER (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_ (Name of attendant at birth), who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Joseph C. Robertson Signature  
VICTOR, IDAHO. P. O. Address

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_  
Howard F. Rowe Notary Public, residing at Lafayette, Cal.  
(SEAL)

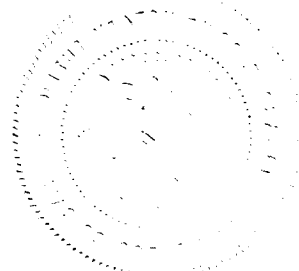
JAN 14 1942

FEB 13 1942

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



386-12/237-356

328583

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **328583**  
Local Reg. No. **328583**  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Owyhee (b) City Homedale  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
At Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Owyhee  
(c) City Homedale  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**4. FULL NAME OF CHILD** Leslie Thomas  
6. Sex male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

**3. RESIDENCE OF FATHER** (city, state) Homedale, Ida.  
5. Date of Birth of Child (Month, day, year) March 21, 1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. FULL NAME William Thomas  
11. Color or Race white 12. Age at time of THIS birth 52 yrs.  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business       

**MOTHER OF CHILD**  
16. FULL MAIDEN NAME Jane Lewis  
17. Color or Race white 18. Age at time of THIS birth 32 yrs.  
19. Birthplace England  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ at        M. on the date        and at the place stated above, and that personal particulars were furnished by       , who is related to this child as       .  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature        M.D.        Address        Date       

State of Idaho  
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 42 years, and that the doctor who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Thomas Mutch Signature  
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January, 19 42  
(SEAL) Wm. E. Dorman Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16 - 1942 by Mabel Decker, Registrar.



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO     )  
                              :   ss.  
County of Ada     )

Ray<sup>1</sup> Estes, being first duly sworn, deposes  
and says: That he resides at Boise City, Ada County,  
Idaho;

That in the year 1903, he moved to Homedale,  
Owyhee County, Idaho, and lived there continuously  
for many years thereafter; that while affiant resided  
at Homedale, he became well acquainted with William  
Thomas and his family consisting of his wife and three  
children named Leslie Thomas, Esther Thomas, now Esther  
Thomas Mutch, and George Thomas; that affiant was a  
neighbor of Mr. Thomas and his family and was well  
acquainted with all of them ; that in particular he  
remembers Leslie Thomas, one of the children; that  
Leslie Thomas, in 1903, was a boy of about six years  
of age; that it was always affiants understanding  
that all of said children were born at Homedale, Idaho;  
that affiant makes this affidavit for the purpose of  
assisting said Leslie Thomas to secure a birth certifi-  
cate in the State of Idaho and that affiant has no  
doubt whatever as to the facts herein stated and is  
satisfied that said Leslie Thomas should receive a birth  
certificate.

Subscribed and sworn to before me this 16th day  
of January, 1942.

Ray S. Estes  
B. Lumban  
Notary Public for Idaho  
Residing at Boise, Idaho



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Nex Perce (b) City Cameron  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home:  
None  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Nex Perce  
(c) City Cameron  
(d) Street Address or R.F.D. No. None  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Cameron, Ida.

4. **FULL NAME OF CHILD** John E. Herider

5. Date of Birth of Child  
(Month, day, year) 5/23/1897

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Leonard Herider  
11. Color White 12. Age at time of THIS birth 24 yrs.  
13. Birthplace Farmington, Wash.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary C. Gertie  
17. Color White 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Millbank, Minn.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }  
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Mary Riggers Midwife, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C. Fiedle, formerly Herider Signature  
P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942.  
(SEAL) Charles H. Adcock Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 17 - 1942 by Marcel Heeler, Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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328611

328611

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City Boise  
(c) Street Address or R.F.D. No. Old Walling Farm  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years months days

**4. FULL NAME OF CHILD**

John Guy Obenchain

6. Sex

Male

7. Twin or Triplet

Twin

If so—born 1st, 2nd, 3rd

1

**FATHER OF CHILD**

**10. FULL NAME**

James Obenchain

11. Color or Race

White

12. Age at time of THIS birth

28 yrs.

13. Birthplace

La Porte, Colorado

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No. Old Walling Farm

(e) How long has MOTHER lived in Idaho? 45 years.

**3. RESIDENCE OF FATHER** (city, state)

Deceased

5. Date of Birth of Child

(Month, day, year) September 18, 1897

8. No. months of Pregnancy

9 mo.

9. Legitimate?

Yes

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lydia Catherine Ziemer

17. Color or Race

White

18. Age at time of THIS birth

34 yrs.

19. Birthplace

Coffeyville, Kansas

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

None

23. Number of children of this mother: (a) At time of birth and including this child, 5

(b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address Date

State of Idaho County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 44 years, and that M. Attendant who attended this birth. (First name) (Last name) I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I have had the birth recorded under Chapter 139, 1937 Session Laws.

Lydia Catherine Obenchain  
Stephen, Idaho  
Signature P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942

(SEAL)

Notary Public residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

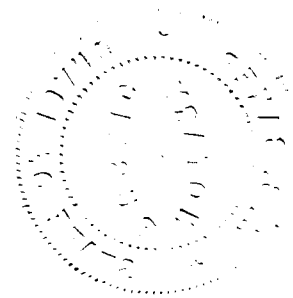
Received for filing on Jan 19 - 1942 by Mary E. Eden, Registrar.

APR 5 1966

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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328671

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.  
Local Reg. No.  
Reg. Dist. No.

JAN 15 1942

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 68 yrs.

4. **FULL NAME OF CHILD** Oscar Rene Weaver

5. Date of Birth of Child  
(Month, day, year) Oct. 15 1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Gilbert Oscar Weaver  
11. Color white 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Millville Utah  
(City or town) (State or foreign country)  
14. Exact Occupation teamster  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hannah Irene Steers  
17. Color white 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Franklin Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was .....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho  
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Dr. Bean, who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah I. S. Weaver Signature  
403 2nd St. P. O. Address

Subscribed and sworn to before me this 14<sup>th</sup> day of January, 1942  
(SEAL) Jewell H. Cheney Notary Public, residing at Idaho Falls  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Marcel H. Fisher Registrar.



#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

267-128-008-395

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**JAN 15 1942**

**328901**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County..... Boise..... (b) City..... Garden Valley.....  
(c) Street Address or R.F.D. No..... None.....  
(d) Name of Hospital or Maternity Home:  
At Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State..... Idaho..... (b) County..... Boise.....  
(c) City..... Garden Valley.....  
(d) Street Address or R.F.D. No..... None.....  
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

**5. Date of Birth of Child**

(Month, day, year) Feb. 28, 1897

**4. FULL NAME OF CHILD** Jacob Herman Koppes

6. Sex male 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME..... Michael Koppes  
11. Color..... White 12. Age at time of THIS birth..... 46 yrs.  
13. Birthplace..... Springfield, Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation..... blacksmith  
15. Industry or Business..... "

**MOTHER OF CHILD**

16. FULL MAIDEN NAME..... Rosa Lind  
17. Color..... White 18. Age at time of THIS birth..... 34 yrs.  
19. Birthplace..... The Dalles, Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation..... housewife  
21. Industry or Business..... "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... 7..... (b) Born alive and now living..... 5.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
**OWN** signature M.D. Address Date

State of..... Idaho.....  
County of..... Ada..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... Brother..... of the person whose name appears in Item 4, above, that I am now..... 51..... years of age, that I have known this person for..... 44..... years, and that Mrs. Elsie Mc Bride....., who attended this birth..... is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph Koppes..... Signature  
..... P. O. Address

Subscribed and sworn to before me this..... 9th..... day of..... January....., 1942  
(SEAL) Clarence..... Notary Public, residing at..... Boise, Idaho.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... JAN 15 1942..... by..... M. A. H. H. H...... Registrar.

FEB 28 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-223-031-451

328944

328944

United States  
Department of Commerce  
Bureau of the Census

JAN 21 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Lewis & Clark City None  
(c) Street Address or R.F.D. No. Idaho  
(d) Name of Hospital or Maternity Home:  
at her home  
(e) Mother's stay BEFORE delivery:  
IN THIS county yes years 2 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Lewis & Clark  
(c) City None  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) None

5. Date of Birth of Child  
(Month, day, year) March 23, 1897

**4. FULL NAME OF CHILD**

Minnie Ellen Marker

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME James Marker  
11. Color White 12. Age at time of THIS birth 51 yrs.  
13. Birthplace Fort Wayne Indiana  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAMEN NAME Laura Eva Dean  
17. Color White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date

State of Idaho County of Lewis & Clark ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for 45 years, and that J. H. Powell, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace E. Clark Sister  
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January, 1942.  
(SEAL) John H. Wood Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

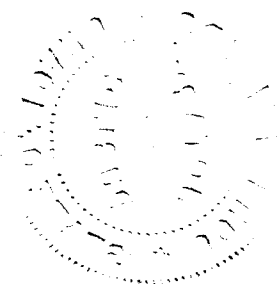
Received for filing on JAN 21 1942 by Idaho, Registrar.

JAN 21 1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-128-040-238

329099

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**JAN 20 1942**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Shoshone (b) City Fraser  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 8 years  months  days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Shoshone  
(c) City Fraser  
(d) Street Address or R.F.D. No.   
(e) How long has MOTHER lived in Idaho? 8 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Fraser, Idaho

**4. FULL NAME OF CHILD** Otto Whitfield Schroeder

5. Date of Birth of Child  
(Month, day, year) March 28, 1897

6. Sex Male 7. Twin or Triplet  If so—born 1st, 2nd, 3rd  8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Henry Schroeder  
11. Color White 12. Age at time of THIS birth. 39 yrs.  
13. Birthplace Elmshorn, Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Mason  
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Alvina Schultz  
17. Color White 18. Age at time of THIS birth. 32 yrs.  
19. Birthplace Pullum, Germany  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was  at  M. on the date  and at the place stated above, and that personal particulars were furnished by , who is related to this child as   
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature  M.D.  Midwife  Address  Date

State of Washington } ss.  
County of Franklin

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 44 years, and that Mrs. Harriette Barrow, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of Jan, 1942.  
(SEAL) W. R. Cox Notary Public, residing at Pasco, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

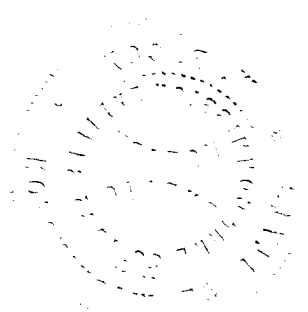
Received for filing on JAN 20 1942 by Paul E. Eden, Registrar.

JAN 22 1962

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



849-126-019-513

329111

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

JAN 15 1942

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County... Custer (b) City... Bayhorse  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State... Idaho (b) County... Custer  
(c) City... Bayhorse  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Bryan George Hurst

3. **RESIDENCE OF FATHER** (city, state) Bayhorse, Ida.  
5. Date of Birth of Child  
(Month, day, year) July 26, 1897

6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Conrad Hurst  
11. Color White 12. Age at time of THIS birth 41 yrs.  
13. Birthplace Glesson Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Amelia Valentine  
17. Color White 18. Age at time of THIS birth 42 yrs.  
19. Birthplace Brest France  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of... Idaho }  
County of... Custer } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that Dr. C. F. Baker who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora J. Breckman Signature  
Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942  
(SEAL) August Anderson Notary Public, residing at Mackay, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary E. Baker Registrar.



JAN 21 1947

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-105.008-413

329145

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

JAN 15 1942

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Boise (b) City Horseshoe Bend  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
child born at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 33 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Boise  
(c) City Horseshoe Bend  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Harrison Penrod  
5. Date of Birth of Child (Month, day, year) 6/5/1897  
6. Sex Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd         
8. No. months of Pregnancy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Joseph Penrod</u>		16. <b>FULL MAIDEN NAME</b> <u>Mary Agnes Daley</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>39</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>35</u> yrs.
13. Birthplace <u>Modale, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>"unknown", California</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of Idaho County of Boise } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for all his years, and that Mary Daley (midwife) who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Penrod Signature  
Idaho City, Idaho P. O. Address  
Subscribed and sworn to before me this 13th day of January, 1942.  
(SEAL) Claude V. Marcus Notary Public, residing at Idaho City, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

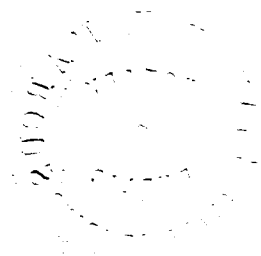
Received for filing on JAN 15 1942 by Mary H. Eder Registrar.

JAN 22 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-122-029-691

329171

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. R.F.D. 5  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No. R.F.D. 5  
(e) How long has MOTHER lived in Idaho? 30 yrs.  
3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Amos Bentley Burr  
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME Homer Edgar Burr  
11. Color white 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Clark County, Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Sarah Anna Frasier  
17. Color white 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Sacramento, California  
(City or town) (State or foreign country)  
20. Exact Occupation House wife + mother  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by X, who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho  
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 24 1/2 years, and that Dr. Blake of Moscow, Idaho, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Homer Edgar Burr Signature  
Star Route, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1942.  
(SEAL) Edward C. Beeth Notary Public, residing at Lewiston, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Wm E Elder, Registrar.

JAN 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-110-020-538

329172

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Elmore (b) City .....
- (c) Street Address or R.F.D. No. ....
- (d) Name of Hospital or Maternity Home: .....
- (e) Mother's stay BEFORE delivery:  
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Elmore
- (c) City .....
- (d) Street Address or R.F.D. No. ....
- (e) How long has MOTHER lived in Idaho? ten yrs.

4. FULL NAME OF CHILD

Byron Hayne Blackwell

3. RESIDENCE OF FATHER (city, state) Elmore County  
5. Date of Birth of Child Nov 10 1894  
(Month, day, year)

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Benton Blackwell
11. Color white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Benton County Arkansas  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Dora E. Thell
17. Color white 18. Age at time of THIS birth 43 yrs.
19. Birthplace Davis County Iowa  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho  
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 44 years, and that Dr. W. F. Smith who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona E. Blackwell Signature  
Idaho P. O. Address

Subscribed and sworn to before me this 10 day of January, 1942  
(SEAL) Geo. F. Faber Notary Public, residing at Glen, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary E. Elder Registrar.

JAN 14 1942

JAN 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-103-008-892

330390

330390

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County... Boise (now Valley county)  
(b) City... none on farm  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
IN THIS county 1 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State... Idaho (b) County... Boise  
(c) City... Long Valley of Horseshoe bend  
(d) Street Address or R.F.D. No. none  
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

4. **FULL NAME OF CHILD** Walter William Lynch  
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child February 3,  
(Month, day, year) 1897

**FATHER OF CHILD**  
10. **FULL NAME** William Miner Lynch  
11. Color white 12. Age at time 27 yrs.  
or Race... of THIS birth  
13. Birthplace... Horseshoe Bend, Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business farming

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Katharine Sisk  
17. Color white 18. Age at time 20 yrs.  
or Race... of THIS birth  
19. Birthplace... Idaho City, Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by... who is  
related to this child as... (First name) (Last name)  
25. Attendant's OWN signature M.D. Midwife Address Date

State of...  
County of... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Mrs. Lizzie Moore Sisk, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Katharine Sisk Stofie Signature  
685 E. Broadway, Eugene, Oregon O. Address

Subscribed and sworn to before me this 9th day of January, 1942.

(SEAL)

Notary Public, residing at...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [Signature], Registrar.

(over)



JAN 28 1921

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

I left Idaho to live in Washington state when I was  
two years old and returned to Idaho again when I was  
eight years old.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **330465**  
Local Reg. No. ....  
Reg. Dist. No. ....

**JAN 16 1942**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **FREMONT** (b) City **LEWISVILLE**  
(c) Street Address or R.F.D. No. **NONE**  
(d) Name of Hospital or Maternity Home: **NONE**

(e) Mother's stay **BEFORE** delivery:

IN THIS county **8** years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **IDAHO** (b) County **FREMONT**  
(c) City **LEWISVILLE**  
(d) Street Address or R.F.D. No. **NONE**

(e) How long has **MOTHER** lived in Idaho? **20** yrs.

**3. RESIDENCE OF FATHER** (city, state) **SAME**

**5. Date of Birth of Child**

(Month, day, year) **MAR. 6-1897**

**4. FULL NAME OF CHILD**

**DANIEL IRVING BRIAN**

6. Sex **MALE**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **YES**

**FATHER OF CHILD**

10. FULL NAME **DANIEL GROSS BRIAN**

11. Color **WHITE** 12. Age at time of THIS birth **27** yrs.

13. Birthplace **SALT LAKE CITY UTAH**  
(City or town) (State or foreign country)

14. Exact Occupation **SALESMAN**

15. Industry or Business **SEWING MACHINE**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **MAY MARION MARLER**

17. Color **WHITE** 18. Age at time of THIS birth **20** yrs.

19. Birthplace **CLIFTON IDAHO**  
(City or town) (State or foreign country)

20. Exact Occupation **HOUSE WIFE**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NONE**

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

25. Attendant's  
**OWN** signature

M.D.

Midwife

Address

Date

State of **CALIFORNIA**  
County of **LOS ANGELES** } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **64** years of age, that I have known this person for **44** years, and that

**MRS WMM. BRIAN**, who attended this birth **DECEASED** I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*May Marion Brian*  
2031 Gramercy Ogden, Utah

Signature

P. O. Address

Subscribed and sworn to before me this **3rd** day of **January**  
(SEAL)

Notary Public, residing at **Los Angeles Calif**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

**My Commission Expires December 8, 1942**

Received for filing on **JAN 16 1942** by **Marcel Felder**, Registrar.

JAN 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-222-029-445

330468

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**JAN 16 1942**

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF BIRTH**

(a) County Latah (b) City Genesee  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
None. At own home.  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 6 years \_\_\_\_\_ month \_\_\_\_\_ days

**2. USUAL RESIDENCE of MOTHER (At time of this birth)**

(a) State Idaho (b) County Latah  
(c) City Genesee  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? \_\_\_\_\_ yrs.  
(f) Mother's mailing address Genesee, Idaho.

**3. RESIDENCE of FATHER (city, state)** Genesee, Idaho.

**4. FULL NAME**

**OF CHILD** Mary Elizabeth Barlow

**5. Date of Birth**

(Month, day year) Nov. 22, 1897.

6. Sex Female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

**FATHER OF CHILD**

10. FULL NAME Lewis Henry Barlow

11. Color White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Dawson, Nebraska  
(City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Ranching

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ruth Ida Mc.Munegle

17. Color White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Lorraine, Ohio.  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JAN 16 1942 (Date received) Mary E. Elder (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

and address \_\_\_\_\_ Date \_\_\_\_\_

State of Wyoming } ss.  
County of Campbell

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth I. Barlow, being first duly sworn, say that I am Mother of related to Mary Elizabeth Barlow as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Conant (Name of attendant at birth) who attended said birth is not deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Ruth I. McMunegle Barlow Signature  
Gillette, Wyoming P. O. Address

Subscribed and sworn to before me on this 13 day of January, 1942.

(SEAL) Bene Heltenpohl Campbell Notary Public, residing at Gillette, Wyo.

JAN 27 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

123-116-025-817

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **330546**  
Local Reg. No. ....  
Reg. Dist. No. ....

**JAN 22 1942**

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Idaho (b) City Ferdinand  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 25 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Idaho  
(c) City Ferdinand  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

**3. RESIDENCE OF FATHER** (city, state) Ferdinand

5. Date of Birth of Child  
(Month, day, year) June 16, 1897

**4. FULL NAME OF CHILD** Eddie Harry Aschenbrenner

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Peter Aschenbrenner  
11. Color White 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Russia  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Scharlotte Dollie Hagen  
17. Color White 18. Age at time of THIS birth 37 yrs.  
19. Birthplace Russia  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Midwife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown  
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California  
County of Santa Clara } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 44 years, and that my father, Peter Aschenbrenner attended this birth. is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Coulter Signature  
87 No. 14th St., San Jose, Calif. P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 42  
(SEAL) John P. Dempsey Notary Public, residing at San Jose, Calif.  
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mabel Elder Registrar.

JAN 27 1942

JAN 31 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-221-003-693

330583

United States (Be sure the information is as of date of birth of THIS child)  
Department of Commerce JAN 19 1942 CERTIFICATE OF BIRTH  
Bureau of the Census STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>BANNOCK</u> (b) City <u>POCATELLO</u> (c) Street Address or R.F.D. No. <u>600 B.R. St. 1st</u> (d) Name of Hospital or Maternity Home: <u>RESIDENCE</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> years <u>13</u> months <u>days</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BANNOCK</u> (c) City <u>POCATELLO</u> (d) Street Address or R.F.D. No. <u>1018 No. HARRISON</u> (e) How long has MOTHER lived in Idaho? <u>46</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>MARGARET ELIZABETH OLSEN</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>SEPT. 21, 1899</u>	
<b>6. Sex</b> <u>FEMALE</u>		<b>7. Twin or</b> <u>Triple</u> <b>8. No. months of Pregnancy</b> <u>9. Legitimate?</u> <u>YES</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>MARTIN OLSEN</u> <b>11. Color or Race</b> <u>NORWEGIAN</u> <b>12. Age at time of THIS birth</b> <u>38</u> yrs. <b>13. Birthplace</b> <u>OSLO, NORWAY</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>GEN. FOREMAN STOREHOUSE UPRR.</u> <b>15. Industry or Business</b> <u>UPRR. EMPLOYEE</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>SARAH ELLEN WILLIAMS</u> <b>17. Color or Race</b> <u>ENGLISH</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs. <b>19. Birthplace</b> <u>LIVER POOL, ENGLAND</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>HOUSE WIFE</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> ..... <b>23. Number of children of this mother:</b> (a) At time of birth and including this child, <u>5</u> (b) Born alive and now living <u>4</u>			

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

25. Attendant's OWN signature. M.D. Midwife Address Date

State of Idaho  
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that A. H. Castle Dr. (First name) (Last name) who attended this birth. DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires November 1, 1942

Elizabeth Pauline Thomas Signature  
Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942  
(SEAL) James M. Edwards Notary Public, residing at Pocatello Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Margaret Elder Registrar.



JAN 27 1942

JUL 31 1959

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-126-019-458

330735

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City May  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: Resident  
(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Custer  
(c) City May  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) May Idaho

4. FULL NAME OF CHILD ANDREW EDWARD GALLAGHER

5. Date of Birth of Child  
(Month, day, year) March 26-1897

6. Sex W 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME James FATHER OF CHILD  
ANDREW EDWARD GALLAGHER

11. Color W 12. Age at time of THIS birth 30 yrs.  
13. Birthplace St Paul Kansas  
(City or town) (State or foreign country)

14. Exact Occupation Farmer  
15. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Kansas County of Labette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Mr Philip Miller M.W. who attended this birth..... (Is now deceased) or (Cannot be located) I further state that

(First name) (Last name)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mr. Garvey James Gallagher Signature  
Rt 1 Hollowell, Mo. P. O. Address

Subscribed and sworn to before me this 22 day of Jan, 1942  
(SEAL) W. F. Holmes Notary Public, residing at Owens, Kansas  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

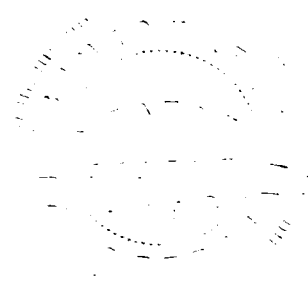
Received for filing on JAN 26 1942 by Marl E. Eder, Registrar.

JAN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **330748**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Kootenai (b) City Medinont  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ..  
(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Medinont  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 2 yrs.  
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ray James Green

5. Date of Birth of Child  
(Month, day, year) June 15-1897

6. Sex Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Pelton Green  
11. Color White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Gayuga, Ontario, Canada  
(City or town) (State or foreign country)  
14. Exact Occupation Cross-tie Maker  
15. Industry or Business Timber

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Irene Jubb  
17. Color White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Granger, Minn  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was .....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's, OWN signature M.D. Midwife Address Date

State of Washington  
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Mrs. Jess Snider, who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Irene Green Signature  
Morton, Washington P. O. Address

Subscribed and sworn to before me this 22<sup>nd</sup> day of January, 1942  
(SEAL) Elmer Paulsen Notary Public, residing at Morton  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel H. Hefner Registrar.

JAN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED  
JAN 30 1942  
VITAL STATISTICS  
BOISE, IDAHO

JAN -7 1942 469-223 240-491

330751

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Shoshone (b) City Blackfoot  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: private home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Blackfoot  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 21 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Ada Morgan  
6. Sex Female 7. Twin or one If so—born 1st, 2nd, 3rd 8th  
8. No. months of Pregnancy 9 mos 9. Legitimate? yes

5. Date of Birth of Child  
(Month, day, year) Mar. 23, 1897

**FATHER OF CHILD**  
10. **FULL NAME** William Morgan  
11. Color White 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Westport, Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Freighter  
15. Industry or Business Freighter

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Salina Elizabeth Drabble  
17. Color White 18. Age at time of THIS birth 40 yrs.  
19. Birthplace Boston, Massachusetts  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Nevada } ss.  
County of Washoe

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Blackfoot (First name) (Last name), who attended this birth lost track of (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Salina Elizabeth Morgan Signature  
611 Roberts St Reno Nevada P. O. Address

Subscribed and sworn to before me this 5th day of January, 19 42  
(SEAL) Virginia Reid Notary Public, residing at 502 Wells Ave

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Reno Nevada

Received for filing on JAN 7 1942 by Mary E. Fisher Registrar.

JAN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-113-029-466

330754

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

JAN 19 1942

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Juliaetta  
(c) Street Address or R.F.D. No. XX  
(d) Name of Hospital or Maternity Home: XX  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years 6 months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Juliaetta  
(d) Street Address or R.F.D. No. XX  
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

4. **FULL NAME OF CHILD** Ephraim Madison Downing

5. Date of Birth of Child  
(Month, day, year) Sep. 13, 1897

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd XX

8. No. months of Pregnancy ? 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Eli Madison Downing  
11. Color White 12. Age at time of THIS birth 53 yrs.  
13. Birthplace Pea Ridge, Knox Co. Mo.  
(City or town) (State or foreign country)  
14. Exact Occupation Merchant  
15. Industry or Business General store

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rosetta Vokeland Downing  
17. Color White 18. Age at time of THIS birth 33 yrs.  
19. Birthplace Olney, Lincoln Co. Mo.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum? ?

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living x

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN signature** California M.D. Midwife Address Los Angeles Date Jan 19 1942

State of California County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 45 years, and that Dr. Thurmer who attended this birth is now deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of January, 19 42  
(SEAL) Clarence Greenbrook Notary Public, residing at Los Angeles, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Marcel J. Fisher Registrar

Commission Expires March 29, 1944



JAN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-227-025-595

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
JAN 20 1942  
STATE OF IDAHO

330767  
State File No.  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City Denver  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City Denver  
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Same

5. Date of Birth of Child

(Month, day, year) October 22, 1927

**4. FULL NAME OF CHILD**

BERNICE AGNICE KAUFMAN

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME**

Louis Kaufman

11. Color

White

12. Age at time of THIS birth 37 yrs.

13. Birthplace

(City or town) Herrnstadt (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Own Farm

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Mary Louise Enech

17. Color

White

18. Age at time of THIS birth 23 yrs.

19. Birthplace

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }  
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 48 years of age, that I have known this person for 45 years, and that

Doctor Betty (First name) (Last name), who attended this birth is now deceased, I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

KATHERYN DETWILER Signature

Stites Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942

(SEAL)

V. B. Anderson Notary Public, residing at Stites, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942

by

Mabel E. Enech

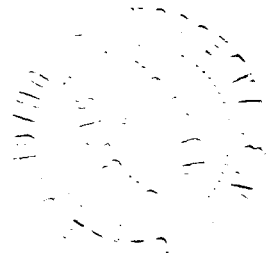
Registrar.

JAN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

330773  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City Genesee  
(c) Street Address or R.F.D. No. born at home  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county 7 - years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah  
(c) City Genesee  
(d) Street Address or R.F.D. No. born at home  
(e) How long has MOTHER lived in Idaho? 7 - yrs.

3. RESIDENCE OF FATHER (city, state) Genesee - Idaho

5. Date of Birth of Child  
(Month, day, year) Oct 11 - 1897

4. FULL NAME OF CHILD Theodore Henry Laufer

6. Sex male 7. Twin or Triplet If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Leopold Laufer  
11. Color white 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Dorchester Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Dorothea Mary Meyer  
17. Color white 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Hanover Germany  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Idaho  
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 74 - years of age, that I have known this person for 44 - years, and that Dr. Allen who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of January 1942  
(SEAL) Teresa Thurmman Notary Public, residing at Leuriston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Marl H. Laufer, Registrar.

JAN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**JAN 20 1942** STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Bear Lake (b) City Paris  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home of Parents  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 3 years - months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Bear Lake  
(c) City Paris  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child  
(Month, day, year) March 16, 1897

**4. FULL NAME OF CHILD** Joel Basil Rich

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Joel Hezekiah Rich  
11. Color white 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Hogan, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business —

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Luella Arnold Rich  
17. Color white 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Salt Lake, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 A. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Dr. Emeline Grover Rich, who is related to this child as Grand mother, (and is now deceased) (First name) (Last name)  
25. Attendant's OWN signature X M.D. Midwife Address Hebec, Calif. Joel H. Rich Date Jan. 14, 42

State of Idaho County of Kern } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Dr. Emeline Grover Rich is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of January, 1942.  
(SEAL) Bert Kuehner Notary Public, Hebec, Calif. Expires March 11, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Joel H. Rich Registrar.

330815

JAN 29 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

JAN 21 1942

# CERTIFICATE OF BIRTH

STATE OF IDAHO

330872

1. **PLACE OF BIRTH:**  
(a) County Shoshone (b) City Mullan  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In **THIS** county 10 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)  
(a) State Idaho (b) County \_\_\_\_\_  
(c) City Mullan  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 18 yrs.  
(f) Mother's mailing address Mullan, Idaho  
3. **RESIDENCE of FATHER** (city, state): \_\_\_\_\_

4. **FULL NAME OF CHILD** George Wilbur Marsh  
6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

5. Date of Birth March 1st, 1897  
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? yes

## FATHER OF CHILD

## MOTHER OF CHILD

10. **FULL NAME** George Wilbur Marsh  
11. Color or Race white 12. Age at time of THIS birth 64 yrs.  
13. Birthplace Syracuse, New York  
(City or town) (State or foreign country)  
14. Exact Occupation Stage Line Operator and  
15. Industry or Business Postmaster

16. **FULL MAIDEN NAME** Margaret Francis Fitzpatrick  
17. Color or Race white 18. Age at time of THIS birth 33 yrs.  
19. Birthplace Michigan City, Indiana  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3  
(c) Born alive and now dead 4 (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JAN 21 1942 (Date received) (b) [Signature] (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's **OWN signature** \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of California } ss.  
County of Fresno

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva E. Maher, being first duly sworn, say that I am the oldest sister of George Wilbur Marsh as sister (Related to (or) acquainted with) (Name of person in certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Eva E. Maher Signature  
939 Delano Ave. Fresno, Calif. P.O. Address

Subscribed and sworn to before me on this 15th day of January, 19 42  
(SEAL) [Signature] Notary Public residing at 933 Weldon Ave., Fresno, California.  
My COMMISSION EXPIRES JULY 9, 1945 Notary Public in and for Fresno County State of California



JAN 30 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**JAN 22 1942**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

330909

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County CANYON (b) City CALDWELL  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County CANYON  
(c) City CALDWELL  
(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD**

WILLIAM BENJAMIN CORN

**5. Date of Birth of Child**

(Month, day, year) 12-18-'97

6. Sex MALE

7. Twin or  
Triplet -

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME JOHN HANS FORD CORN

11. Color WHITE 12. Age at time  
or Race of THIS birth 27 yrs.

13. Birthplace BOLIVAR MO.  
(City or town) (State or foreign country)

14. Exact Occupation CARPENTER

15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME PRUDENCE ELLEN Newk

17. Color WHITE 18. Age at time  
or Race of THIS birth 23 yrs.

19. Birthplace CARTHAGE - Mo.  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho  
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the GRAND MOTHER of the person whose name appears  
in Item 4, above, that I am now 93 years of age, that I have known this person for 44 years, and that

(First name) MRS. JOBE (Last name) who attended this birth deceased I further state that  
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of

(SEAL)

A. J. Groves

Notary Public, residing at

Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JAN 22 1942

by

Margaret E. Groves

Registrar.

JAN 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

545-123-019-231

JAN 30 1942

330915

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Custer (b) City Clayton  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: home  
(e) Mother's stay **BEFORE** delivery: 9 years 9 months 3 days  
IN THIS county
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Custer  
(c) City Clayton  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 9 Mo. ~~33~~
3. **RESIDENCE OF FATHER** (city, state) Clayton, Idaho

4. **FULL NAME OF CHILD** Hugo Theodor Nonini  
5. Date of Birth of Child 1-23-1897  
(Month, day, year)

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Vittorio Nonini  
11. Color or Race Italian 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Novate Mezzola, Italy  
(City or town) (State or foreign country)  
14. Exact Occupation Stone cutter & miner  
15. Industry or Business same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Domenica Scaramellini  
17. Color or Race Italian 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Compodolcino, Italy  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 P.M. on the date 1-23-1942  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Domenica Nonini, who is related to this child as mother  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Domenica Nonini ~~XXX~~ Midwife Address Mackay, Idaho Date 1-27-42

State of..... } ss.  
County of.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature  
..... P. O. Address

Subscribed and sworn to before me this 27 day of January, 1942  
(SEAL) Morris Leacy Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

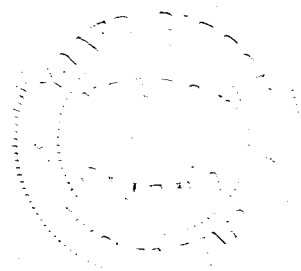
Received for filing on JAN 30 1942 by Mary E. Egan, Registrar.

JAN 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 330937  
Local Reg. No.  
Reg. Dist. No.

JAN 28 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ADA (b) City STAR  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
AT HOME  
(e) Mother's stay BEFORE delivery:  
IN THIS county 11 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County ADA  
(c) City HIGHLAND VALLEY  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE IDAHO

4. FULL NAME OF CHILD RALPH EDWARD CARTER

5. Date of Birth of Child  
(Month, day, year) 12-5-1897

6. Sex MALE 7. Twin or Triplet N If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN EDWARD CARTER  
11. Color or Race WHITE 12. Age at time of THIS birth 32 yrs.  
13. Birthplace CENTERVILLE IOWA  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business FARMING - STOCK RAISING

MOTHER OF CHILD

16. FULL MAIDEN NAME LAURA ANN PERCY  
17. Color or Race WHITE 18. Age at time of THIS birth 24 yrs.  
19. Birthplace CENTERVILLE KANSAS  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSE WIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE AT 12:30 A.M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by LAURA CARTER, who is related to this child as MOTHER  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Dennis C. Brown Midwife Address 1228 So. Ferris Ave. Los Angeles, Calif. Date Jan 28 1942

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that

\_\_\_\_\_, who attended this birth. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\_\_\_\_\_, Signature

\_\_\_\_\_, P. O. Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

(SEAL) \_\_\_\_\_ Notary Public, residing at \_\_\_\_\_

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Dennis C. Brown, Registrar.

JAN 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

534-127-029-962

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **330955**  
Local Reg. No. ....  
Reg. Dist. No. ....

**JAN 29 1942**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County... <u>Latah</u> (b) City... <u>Moscow</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at home brother</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS</u> county <u>years</u> <u>months</u> <u>14</u> <u>days</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State... <u>Idaho</u> (b) County... <u>Lane</u> (c) City... <u>Lane</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>4</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Jennings Bryan Elder</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Dec. 27, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Daniel O'Connell Elder</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>42</u> yrs. <b>13. Birthplace</b> <u>Kilwinning, Seotland Co., Mo.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>farmer and dairyman</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Jessie Estella Ross</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>31</u> yrs. <b>19. Birthplace</b> <u>Plains, Luzerne Co., Penn.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>unknown</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>7</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is  
 related to this child as.....  
 (Mother, etc.) (First name) (Last name)

**25. Attendant's**  
**OWN signature** unable to locate **M.D.** **Midwife** **Address** **Date**

State of Idaho  
 County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 43 years, and that  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 who attended this birth..... I further state that  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Signature Jessie E. E. Elder  
 P. O. Address .....

Subscribed and sworn to before me this 28 day of Jan, 1942  
 (SEAL) Hartner & Shilong Notary Public, residing at Seattle  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by [Signature], Registrar.

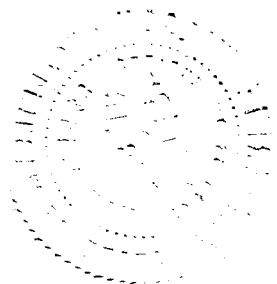


JAN 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-131-236-631

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **330962**  
Local Reg. No. ....  
Reg. Dist. No. ....

**JAN 23 1942**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Franklin  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
Own home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Franklin  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Franklin, Idaho.

**4. FULL NAME OF CHILD** Lloyd Earl Stalker

5. Date of Birth of Child  
(Month, day, year) Oct. 31, 1897

6. Sex Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd         
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Dwight Smith Stalker  
11. Color White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Franklin, Idaho.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie Rebecca Flack  
17. Color White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Duquoin, Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, ..... } ss.  
County of Fremont, .....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Mrs. Ellen Morgan who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie P. Stalker

.....Signature  
R. F. D. 1, St. Anthony, Idaho. ....P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942

(SEAL)

[Signature] Notary Public, residing at St. Anthony, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by [Signature] Registrar.

JAN 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

646-117-228-238

330997

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**JAN 22 1942**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County... **Kootenai**... (b) City... **Lakeview**...  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county **4** years **2** months **27** days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State... **Idaho**... (b) County... **Kootenai**...  
(c) City... **Lakeview**...  
(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho? **4** yrs.

**3. RESIDENCE OF FATHER** (city, state) **Lakeview, Ida.**

5. Date of Birth of Child

(Month, day, year) **11-17-97**

**4. FULL NAME OF CHILD**

**Colin Robert O'Donnell**

6. Sex **Male**

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy **9**

9. Legitimate? **Yes**

**FATHER OF CHILD**

10. FULL NAME **Archibald Joseph O'Donnell**

11. Color **White** 12. Age at time  
or Race of THIS birth **35** yrs.

13. Birthplace **Glasgow** **Scotland**  
(City or town) (State or foreign country)

14. Exact Occupation **Mining**

15. Industry or  
Business **Mining**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **Louise Mable Schroeder**

17. Color **White** 18. Age at time  
or Race of THIS birth **21** yrs.

19. Birthplace **Sabula** **Iowa**  
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Not Known**

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **1**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

25. Attendant's  
**OWN** signature

M.D.  
Midwife

Address

Date

State of.....  
County of..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears  
in Item 4, above, that I am now **66** years of age, that I have known this person for **44** years, and that

Dr. **Wentz** (First name) (Last name), who attended this birth. **Is now deceased** I further state that  
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

*Shirley Louise Mitchell* Signature  
*Kington* P. O. Address

Subscribed and sworn to before me this **19** day of **January**, 19 **42**

(SEAL)

*Maud Joyce*

Notary Public, residing at **Kington**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

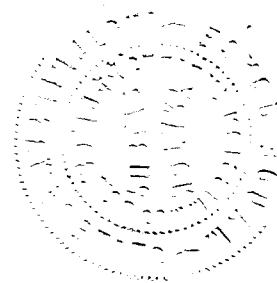
Received for filing on **JAN 22 1942** by *Maud Joyce*, Registrar.

JAN 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



555-710-014-253

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **331166**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Canyon (b) City Emmett  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
Born at home.  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 6 years     months     days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Emmett  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Emmett, Idaho

**4. FULL NAME OF CHILD** Clarence Marian Everhart

**5. Date of Birth of Child**  
(Month, day, year) June 10, 1897

**6. Sex** Male **7. Twin or Triplet** Single **If so—born**  
1st, 2nd, 3rd

**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** Thomas Jefferson Everhart  
**11. Color** White **12. Age at time of THIS birth** 44 yrs.  
**13. Birthplace** Green Castle, Missouri, USA  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farming  
**15. Industry or Business** Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Minnie Helen Belcher  
**17. Color** White **18. Age at time of THIS birth** 34 yrs.  
**19. Birthplace** Peoria, Illinois, U.S.A.  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife.  
**21. Industry or Business** Farming.

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** None.  
**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Washington  
County of Okanogan } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that Mrs. Judie Cargile, who attended this birth is now deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie H. Everhart Signature  
Tonasket, Washington P. O. Address

Subscribed and sworn to before me this 22 day of January, 19 42.  
(SEAL) [Signature] Notary Public, residing at Tonasket, Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

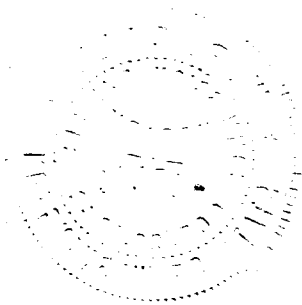
Received for filing on JAN 24 1942 by Mabel H. [Signature], Registrar.

EEB 3 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 331253  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Barney  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 5 years 2 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine  
(c) City Barney  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Barney, Idaho

4. FULL NAME  
OF CHILD

Darrel Douglass Parke

5. Date of Birth of Child  
(Month, day, year) March 25, 1942

6. Sex

Boy

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL  
NAME

Thompson Charles Parke

11. Color  
or Race

White

12. Age at time  
of THIS birth

24 yrs.

13. Birthplace

Beautiful Utah  
(City or town) (State or foreign country)

14. Exact  
Occupation

Farmer

15. Industry or  
Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

Lula Irene Eldredge

17. Color  
or Race

White

18. Age at time  
of THIS birth

20 yrs.

19. Birthplace

Boonville Utah  
(City or town) (State or foreign country)

20. Exact  
Occupation

House Wife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at at M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by at, who is  
related to this child as at  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature

Lula Irene Parke

M.D.

Midwife

Address

Date

State of Idaho County of Blaine ss.

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
in Item 4, above, that I am now 64 years of age, that I have known this person for 44 3/4 years, and that

Mrs. Sarah Barney who attended this birth deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Lula Irene Parke

Signature

P. O. Address

Subscribed and sworn to before me this 79 day of February, 1942

(SEAL)

Notary Public, residing at Barney, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Registrar



FEB 4 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**FEB 4 1942** STATE OF IDAHO

State File **831497**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah (b) City Genesee  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 35 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Genesee  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 40 yrs.  
3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Mary Ilah Larrabee  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child  
(Month, day, year) Nov. 9, 1897

FATHER OF CHILD  
10. FULL NAME John Spalding Larrabee  
11. Color White 12. Age at time of THIS birth 47 yrs.  
13. Birthplace Shorham Vermont  
(City or town) (State or foreign country)  
14. Exact Occupation Merchant  
15. Industry or Business Owner, General Mdse.

MOTHER OF CHILD  
16. FULL MAIDEN NAME Martha Jane Wells  
17. Color White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Kenosha Wisconsin  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None known  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington }  
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 45 years, and that attendant unknown who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Olive L. Brune Signature  
Harrington, Washington. P. O. Address

Subscribed and sworn to before me this 3rd day of January, 19 42.  
(SEAL) L. S. Bailey Notary Public, residing at Harrington, Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mary E. Fisher, Registrar.

FEB 5 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113 208044-412

United States  
Department of Commerce,  
Bureau of the Census

-(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**JAN 26 1942**

State File No. **331537**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Washington (b) City Indian Valley  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**4. FULL NAME OF CHILD**

Clara Mae Jackson

**6. Sex**

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

**10. FULL NAME**

John Jackson

**11. Color or Race**

White

12. Age at time of THIS birth.....yrs.

**13. Birthplace**

(City or town) (State or foreign country)

**14. Exact Occupation**

Labourer

**15. Industry or Business**

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Indian Valley  
(c) City Indian Valley  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? .....yrs.

**3. RESIDENCE OF FATHER** (city, state) Indian Valley,

**5. Date of Birth of Child**

(Month, day, year) Aug. 28, 1941

**8. No. months of Pregnancy**

NINE

**9. Legitimate?** YES

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Gennie Wyatt Mascall

**17. Color or Race**

White

18. Age at time of THIS birth.....yrs.

**19. Birthplace**

(City or town) (State or foreign country)

**20. Exact Occupation**

Housewife

**21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

**25. Attendant's**

**OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of Oregon County of Grant } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for all his life years, and that unknown, who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Subscribed and sworn to before me this Nov 28 1943 day of February, 1942

(SEAL)

William W. Mascall

Notary Public, residing at Dayville Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942

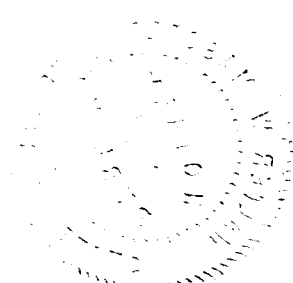
by Marcel E. Epler, Registrar.

8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759 129 029 791

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

FEB 6 1942

State File No. **331643**  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County LATAH (b) City GENESEE  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
at residence  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county -4- years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County LATAH  
(c) City Genesee  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? -4- yrs.  
3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida.

4. **FULL NAME OF CHILD** ALFRED EUGENE GEIGER  
5. Date of Birth of Child  
(Month, day, year) 4-29-1897  
6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? YES

**FATHER OF CHILD**  
10. **FULL NAME** JOSEPH GEIGER  
11. Color WHITE 12. Age at time of THIS birth -43- yrs.  
13. Birthplace BADEN, Germany  
(City or town) (State or foreign country)  
14. Exact Occupation BREWMASTER  
15. Industry or Business BREWERY BUSINESS

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** CHARLOTTA PRAGER  
17. Color WHITE 18. Age at time of THIS birth 43 yrs.  
19. Birthplace Munich, Germany  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California  
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now -88- years of age, that I have known this person for -44- years, and that Mrs. A. Kern, who attended this birth cannot be located. I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Joseph Geiger  
P. O. Address 524 West 41 Street Los Angeles Cal.

Subscribed and sworn to before me this 24 day of February, 1942  
(SEAL) Walter Brown Notary Public, residing at 5451 Marathon St.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 My Commission Expires Sept. 22, 1945 by Marj Heiden, Registrar.

FEB 28 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-122036815

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

331669  
State File No. ....  
Local Reg. No. 7  
Reg. Dist. No. 540

**1. PLACE OF BIRTH (All items at time of this birth)**

(a) County Oneida (b) City Preston  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER (At time of this birth)**

(a) State Idaho (b) County Oneida  
(c) City Preston  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER (city, state)**

5. Date of Birth of Child July 22 1897  
(Month, day, year)

**4. FULL NAME OF CHILD** Magnus Gundesen

6. Sex Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Jesse Gundesen  
11. Color white 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Denmark  
(City or town) (State or foreign country)  
14. Exact Occupation Blacksmith  
15. Industry or Business .....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Andres Hansen  
17. Color white 18. Age at time of THIS birth 36 yrs.  
19. Birthplace Denmark  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11 A. M. on the date Jan 29 1942 and at the place stated above, and that personal particulars were furnished by Andres Gundesen, who is related to this child as Mother  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Preston

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 45 years, and that Andres, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Andrea H. Gundesen Signature  
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942  
(SEAL) [Signature] Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan, 29 - 1942 by G. W. States, Registrar.

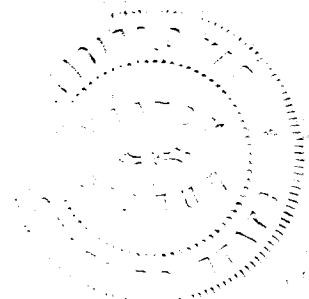


FEB 7 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

515-113 003-142

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **331703**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH  
(a) County **Bannock** (b) City **Cleveland**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: **Private home**  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county **11** years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State **Idaho** (b) County **Idaho**  
(c) City **Cleveland**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? **11** yrs.  
(f) Mother's mailing address **Cleveland, Idaho**
3. RESIDENCE of FATHER (city, state) **Same**

4. FULL NAME OF CHILD **Augustus Young Nance** 5. Date of Birth **May 13, 1897**  
(Month, day, year)

6. Sex **Male** 7. Twin or Triplet **No.** If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy **9** 9. Legitimate? **Yes.**

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <b>Augustus Calvin Nance</b>	16. FULL MAIDEN NAME <b>Lovisa Maria Austin</b>		
11. Color <b>Caucasian</b>	17. Color <b>Caucasian</b>		
12. Age at time of THIS birth <b>31</b> yrs.	18. Age at time of THIS birth <b>17</b> yrs.		
13. Birthplace <b>Wilksboro North Carolina</b> (City or town) (State or foreign country)	19. Birthplace <b>Trenton Utah</b> (City or town) (State or foreign country)		
14. Exact Occupation <b>Farmer</b>	20. Exact Occupation <b>Housewife</b>		
15. Industry or Business <b>Agriculture (Farming)</b>	21. Industry or Business <b>Home making</b>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**  
(c) Born alive and now dead **0** (d) Stillborn **0**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** M. on the date (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) **FEB 2 1942** (Date received) **Marj Heeler** (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
25. Attendant's **OWN** signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of **Colorado** }  
County of **Conejos** } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Lovisa Maira Nance**, being first duly sworn, say that I am **related to** **Augustus Young Nance** as **mother** (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Charlotte Walton** (Name of attendant at birth)  
said birth **is now deceased** and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

**Lovisa Maria Nance** Signature  
**Box 207 Manassa, Colorado** P. O. Address  
JAMES A. HOLMAN, Notary Public  
Conejo County, Colorado  
My Commission expires Feb. 25, 1942  
James A. Holman  
Notary Public, residing at **Manassa, Colorado**

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 113 029-386

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **331707**  
Local Reg. No. ....  
Reg. Dist. No. ....

**JAN 30 1942**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Garfield, Wash</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Garfield, Wash</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Leonard Francis Simpson</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Idaho (Garfield)</u> <b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct 13, 1897</u>	
<b>6. Sex</b> <u>M</u>		<b>7. Twin or Triplet</b> <u>No</u> <b>If so—born 1st, 2nd, 3rd</b> _____	
<b>10. FULL NAME</b> <u>Alexander Simpson</u>		<b>16. FULL MAIDEN NAME</b> <u>Mina Barclay Thompson</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>30</u> yrs.		<b>18. Age at time of THIS birth</b> <u>27</u> yrs.	
<b>13. Birthplace</b> <u>Allegheny County, Penn.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Allegheny Co. Penn.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farming</u>		<b>20. Exact Occupation</b> <u>house wife</u>	
<b>15. Industry or Business</b> <u>Farming</u>		<b>21. Industry or Business</b> <u>house wife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's**  
**OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Midwife** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Washington } ss.  
 County of Wahitan

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Easter Ann Thompson who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Alexander Simpson Signature  
Garfield, Wash P. O. Address

Subscribed and sworn to before me this 28 day of January, 1942  
 (SEAL) William R. Edelman Notary Public, residing at Garfield, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel Hecker Registrar.

FEB 7 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-215-025-845 331794

331794

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**FEB 9 1942** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Idaho (b) City Denver  
(c) Street Address or R.F.D. No. Rural Home  
(d) Name of Hospital or Maternity Home:  
.....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Denver  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD Bessie Ruth Kessler

5. Date of Birth of Child  
(Month, day, year) 2-15-1897

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME William H. Kessler  
11. Color White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Auburn Ill.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Mae Elnorah Hunt  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Michigan  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....  
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Mrs George Chase, who attended this birth Deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William H. Kessler Signature  
Chas. W. M. P. O. Address

Subscribed and sworn to before me this 6 day of February, 1942  
(SEAL) Allice Jones Notary Public, residing at Cheney Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

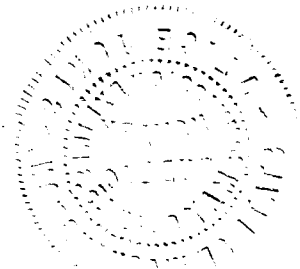
Received for filing on FEB 9 1942 by....., Registrar.

FEB 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



293730-003614  
JAN 6 1942

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **331839**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Arimo</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>At Parents Home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS county 10 years months days</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State..... (b) County..... (c) City ..... (d) Street Address or R.F.D. No..... (e) How long has <b>MOTHER</b> lived in Idaho?.....yrs. <b>3. RESIDENCE OF FATHER</b> (city, state)	
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<b>4. FULL NAME OF CHILD</b> <u>Leonard Dewain Hickman</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Apr. 30, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Survivor Hickman</u>		<b>16. FULL MAIDEN NAME</b> <u>Agnes Elizabeth Waddell</u>	
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>37</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>27</u> yrs.
<b>13. Birthplace</b> <u>Jordan River, Salt Lake City</u> (City or town) (State or foreign country) <u>Utah</u>		<b>19. Birthplace</b> <u>Malad, Idaho</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child 7 (b) ~~Born~~ alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by Family Record Book....., who is related to this child as.....  
 (Mother, etc.) (First name) (Last name)

<b>25. Attendant's OWN signature</b>	<b>M.D. Midwife</b>	<b>Address</b>	<b>Date</b>
--------------------------------------	---------------------	----------------	-------------

State of Idaho  
 County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 25 years, and that Sarah Francis who attended this birth deceased I further state that  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonard Dewain Hickman Signature  
Downey, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of Dec., 1941.  
 (SEAL) Henry Nelson Notary Public, residing at Arimo, Idaho.  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Marj G. Eiden Registrar.



FEB 10 1942

MAR 7 1961

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

39127 007663

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 331862  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County BLAINE (b) City HAILEY  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State IDAHO (b) County BLAINE  
(c) City HAILEY  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 6 yrs.  
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ALBERT RAYMOND CRAMER

5. Date of Birth of Child  
(Month, day, year) Sept. 27-1897

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD  
10. FULL NAME John CRAMER  
11. Color WHITE 12. Age at time of THIS birth 29 yrs.  
13. Birthplace EAGLE PASS TEXAS  
(City or town) (State or foreign country)  
14. Exact Occupation MEAT MARKET  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME MARIE WOLTERS  
17. Color WHITE 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Georgetown Colorado  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSE WIFE  
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum a g n o 3  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Hailey M. on the date Sept. 27-1897  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by JOHN CRAMER, who is related to this child as FATHER  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature M.D. Midwife Address Date

State of Idaho  
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Dr. N. J. Brown, who attended this birth is now deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Cramer Signature  
Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942.  
(SEAL) S. W. Wachs Notary Public, residing at Hailey

(Note: Perjury is punished as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Marj Z. G. G. Registrar.

FEB 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785115 004 859

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

331880

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**FEB 2 1942**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>St. Charles</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Residence</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>10</u> years <u>0</u> months <u>0</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>St. Charles</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>William Harris Green</u>		<b>5. Date of Birth of Child</b> <u>Nov. 15, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>M</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Joseph Green</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>32</u> yrs. <b>13. Birthplace</b> <u>Eden, W. Va.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Carpenter</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Hannah Mary Winn</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>Bountiful, Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I ~~attested~~ knew of the birth of this child, who was born alive at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by Bertha Green, who is related to this child as Sister (Mother, etc.)

**25. Attendant's**  
**OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_  
**Midwife** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Oregon } ss.  
 County of Deschutes

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am a sister of the person whose name appears in Item 4. above, that I am now 48 years of age, that I have known this person for 44 years, and that Dr. James Anguire, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Bertha Leut Signature  
 \_\_\_\_\_ P. O. Address

Subscribed and sworn to before me this 3/14 day of Jan, 1942  
 (SEAL) M. R. Gilbert Notary Public, residing at Bend Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel H. Leifer, Registrar.

FEB 10 1942

JAN 16 1967

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

331996

FEB 3 1942 CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County. <u>ONEIDA</u> (b) City. <u>ROCKLAND</u> (c) Street Address or R.F.D. No. <u>NONE</u> (d) Name of Hospital or Maternity Home: <u>RESIDENCE</u> (e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home. .... days. In <b>THIS</b> county. .... years. .... months. .... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State. <u>IDAHO</u> (b) County. <u>ONEIDA</u> (c) City. <u>AMERICAN FALLS</u> (d) Street Address or R.F.D. No. <u>NONE</u> (e) How long has <b>MOTHER</b> lived in Idaho? .... yrs. (f) Mother's mailing address. .... <b>3. RESIDENCE OF FATHER</b> (city, state) <u>DECEASED</u>	
<b>4. FULL NAME OF CHILD</b> <u>EVA BARNARD</u>		<b>5. Date of Birth</b> (Month, day, year) <u>NOVEMBER 24, 1897</u>	
<b>6. Sex.</b> <u>GIRL</u>	<b>7. Twin or Triplet</b> <u>Triplet</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>YES</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>FRANK RUDD BARNARD</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth.</b> <u>25</u> yrs. <b>13. Birthplace.</b> <u>CORRINNE, UTAH</u> (City or town) (State or foreign country) <b>14. Exact Occupation.</b> <u>REDACTED</u> <b>15. Industry or Business.</b> <u>REDACTED</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>MINNIE WEBB</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth.</b> <u>20</u> years <b>19. Birthplace.</b> <u>FT. LEMORE, UTAH</u> (State or foreign country) <b>20. Occupation.</b> <u>WIFE</u> <b>21. Industry or Business.</b> <u>NONE</u>	
<b>22. Name prophylactic.</b> <u>REDACTED</u> <b>23. Number of children of this mother:</b> (a) At time of birth and including this child. <u>2</u> (b) Born alive and now living. <u>4</u> (c) Born alive and now dead. <u>NONE</u> (d) Stillborn. <u>NONE</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was ..... at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)			
<b>26. (a)</b> <u>FEB 3 1942</u> (Date received) <u>Mar 1 1942</u> (Registrar's signature)		<b>25. Attendant's</b> <u>OWN signature</u> <u>DECEASED</u> M.D. or (D.O., Midwife, etc.) and address Date	
<b>27. Given name added on</b> ..... by ..... (Registrar's signature)			

State of. IDAHO  
County of. POWER } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MINNIE BARNARD, being first duly sworn, say that I am RELATED TO EVA BARNARD as MOTHER, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. H. PHILBRICK, who attended said birth, IS NOW DECEASED and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

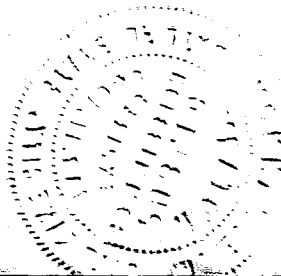
Subscribed and sworn to before me on this 7th day of Feb 1942  
(SEAL) Notary Public, residing at La 4 Lake Utah

FEB 11 1942

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where ~~the birth of a child has not been recorded or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the attending physician or person in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~



294 231 001 685

United States

(Be sure the information is as of date of birth of THIS child)

State File No. **332044**

Department of Commerce

**FEB**

**2 1942**

**CERTIFICATE OF BIRTH**

Local Reg. No.

Bureau of Census

**STATE OF IDAHO**

Reg. Dist. No.

**1. PLACE OF BIRTH**

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. days.  
IN THIS county 20 years month days

**4. FULL NAME OF CHILD**

Opal Gertrude Bruno

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Charles Bruno  
11. Color White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Moroni Utah (City or town) (State or foreign country)  
14. Exact Occupation Hauling Lumber  
15. Industry or Business with own Horses

**2. USUAL RESIDENCE of MOTHER (At time of this birth)**

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 20 yrs.  
(f) Mother's mailing address.

**3. RESIDENCE of FATHER (city, state)**

Boise Idaho

**5. Date of Birth**

(Month, day year) Jan. 3, 1877

8. No. months of Pregnancy 9 9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lydiasa Belle Wheeler  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Chico California (City or town) (State or foreign country)  
20. Exact Occupation Housewife and Nurse  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2.  
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) FEB 2 1942 (Date Received) Mar. 1942 (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of Washington } ss.  
County of Chelan

I, Charles Bruno  
Opal Gertrude Bruno  
(Name of person on certificate above)

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED  
being first duly sworn, say that I am related to (Related to (or) acquainted with) brother whose birth certificate (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fairchild (Name of attendant at birth) who attended said birth. and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of December 1941  
(SEAL) LeRoy W. Dunn Notary Public, residing at Marquette Wash.

Signature Charles Bruno  
P. O. Address Gen. Del. Wenatchee Washington

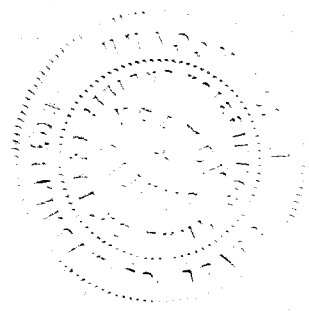


FEB 11 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296104040657

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**FEB 4 1942** CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **332081**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Osborne</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>1</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Osborne</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>1</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>JAMES ALPHA BROWN</u>		<b>5. Date of Birth of Child</b> <u>Sept 4, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>James Radfield Brown</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>33</u> yrs. <b>13. Birthplace</b> <u>Radfield Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Laborer (Section)</u> <b>15. Industry or Business</b> <u>Railroad</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Ida May Hagles</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>Keefe Iowa</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Washington } ss.  
County of Campbell

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for all his life years, and that Kate Brown who attended this birth is now absent I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Brown Signature  
Box 347, Caldwell, Wash P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942  
(SEAL) Notary Public, residing at Montesano  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Ida May Brown, Registrar.

FEB 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



362-121-036-689

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

332149

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

FEB 5 1942

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Weston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1.5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Weston (Postoffice)  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 25 yrs.  
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sylvester D. Costley  
5. Date of Birth of Child (Month, day, year) April 21, 1897  
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Daniel James Costley  
11. Color or Race White 12. Age at time of THIS birth 51 yrs.  
13. Birthplace Ireland (City or town) (State or foreign country)  
14. Exact Occupation Cattle Raiser  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mariam Henrietta Whitaker  
17. Color or Race White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Willard, Utah (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Calif M.D. Midwife Address Date

State of California County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 44 years, and that do not know name of who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richard D. Costley Signature  
1400 Sutter St Los Angeles P. O. Address

Subscribed and sworn to before me this 7 day of Feb 1942.  
(SEAL) Frederic E. Simon Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1937, amended December 10, 1942)

Received for filing on FEB 5 1942 by Mary E. Fisher Registrar.

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-228-014-356

332185

United States  
Department of Commerce  
Bureau of the Census

FEB 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **332185**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Canyon (b) City Nampa  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
at home of parents  
(e) Mother's stay BEFORE delivery:  
IN THIS county - years 9 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Nampa  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho  
5. Date of Birth of Child  
(Month, day, year) June 29, 1897

4. FULL NAME OF CHILD Hazel Ophelia Pfost

6. Sex female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Abraham Pfost  
11. Color white 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Bates County, Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation City street sprinkler  
15. Industry or Business Was engaged in Ice business and as city street sprinkler

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Jane Leonard  
17. Color white 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Stone County, Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum       

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was        at        M. on the date        and at the place stated above, and that personal particulars were furnished by       , who is related to this child as        (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature        M.D.        Address        Date       

State of Idaho  
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Dr. Kohler, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca Jane Pfost Signature  
Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942.

(SEAL) Adna L. Casey Notary Public, residing at Mountain Home,

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) Idaho

Received for filing on FEB 14 1942 by        Registrar.

SEP 8 1966

FEB 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-206-028-432

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**FEB 6 1942** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

332371  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bonner (b) City Newport  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bonner  
(c) City Newport  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 5 yrs.  
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Geldie Hattie Stover  
6. Sex female  
7. Twin or Triplet  
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child  
(Month, day, year) Aug. 6, 1897  
8. No. months of Pregnancy 9  
9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME James Holliday Stover  
11. Color white  
12. Age at time of THIS birth 50 yrs.  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farm Laborer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Hattie Orilla McKee  
17. Color white  
18. Age at time of THIS birth 36 yrs.  
19. Birthplace Ohio  
(City or town) (State or foreign country)  
20. Exact Occupation Housekeeper  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 A. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Grace Lackhart, who is related to this child as Sister (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature X Grace Lackhart M.D. Midwife Address North Bend, Oregon 2/2/1942  
State of Oregon County of Coos } ss.  
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 44 years, and that I am the person, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Grace Lackhart Signature  
North Bend, Oregon P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 42  
(SEAL) John G. Mullen Notary Public, residing at North Bend, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by M. J. K. [Signature] Registrar.



FEB 14 1942

MAR 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-105-008-662

332391

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**FEB 13 1942**

State File No. \_\_\_\_\_  
Local Reg. No. 33  
Reg. Dist. No. 33

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City Idaho City  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:

IN THIS county 30 years \_\_\_\_\_ months \_\_\_\_\_ days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise  
(c) City Idaho City  
(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) How long has MOTHER lived in Idaho? 62 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho City, Idaho

**4. FULL NAME OF CHILD** John Foster Garrecht

5. Date of Birth of Child  
(Month, day, year) August 5, 1897

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Louis Garrecht  
11. Color White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Idaho City Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Julia Foster  
17. Color White 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Boise city Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ✓

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 44 years of age, that I have known this person for 44 years, and that Dr. (Don't know) Hewitt, who attended this birth, Dr. Russell I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Garrecht Signature  
Monica Bugau P. O. Address

Subscribed and sworn to before me this 11 day of Feb, 1942  
(SEAL) Harry D. Smith Notary Public, residing at Union Ave

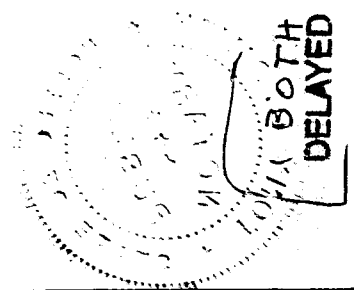
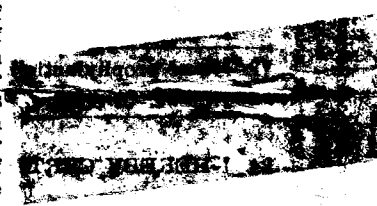
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Com. expires 7/21/42)

Received for filing on FEB 13 1942 by Mabel E. Ecker Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **332421**  
Local Reg. No. ....  
Reg. Dist. No. ....

**FEB 6 1942**  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County **Fremont** (b) City **near St. Anthony**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State **Idaho** (b) County **Fremont**  
(c) City **St. Anthony**  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? **Three** yrs.  
3. RESIDENCE OF FATHER (city, state) **St. Anthony Idaho**

4. FULL NAME OF CHILD **JOHN DAVID GOODING**

5. Date of Birth of Child  
(Month, day, year) **Jan. 17, 1897**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

**FATHER OF CHILD**

10. FULL NAME **George Wesley Gooding**  
11. Color **White** 12. Age at time of THIS birth **36** yrs.  
13. Birthplace **Polo, Illinois**  
(City or town) (State or foreign country)  
14. Exact Occupation **Farmer**  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **Emma Frances Campbell**  
17. Color **White** 18. Age at time of THIS birth **28** yrs.  
19. Birthplace **Quincy Illinois**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Colorado** }  
County of **Boulder** } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **72** years of age, that I have known this person for ..... years, and that **Matilda Anderson**, who attended this birth **cannot be located**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Emma Frances Gooding** Signature  
**819 Sixth Ave., Longmont, Colorado** P. O. Address

Subscribed and sworn to before me this **20th** day of **December**, 19**41**  
(SEAL) **Clara M. Gooding** Notary Public, residing at **Longmont, Colorado**.

(Note: Perjury is punishable as a felony in Idaho: see Sec. 17-514, Idaho Code Annotated.)

Received for filing on **FEB 6 1942** by **Marj T. Egan**, Registrar.

FEB 17 1922

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-129-008-257

FEB 17 1942

332472

332472

United States  
Department of Commerce  
Bureau of the Census

(Secure the information in as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 332472  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City --  
(c) Street Address or R.F.D. No. Long Valley  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise \*  
(c) City Long Valley \* (now Valley)  
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Long Valley, Idaho

5. Date of Birth of Child  
(Month, day, year) Jan. 29, 1897

**4. FULL NAME OF CHILD** George Marion Hammond

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Morgan Levy Hammond  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace near Springfield, Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Eva Elanore Knapp  
17. Color White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace near Byron, Michigan  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature M.D. Midwife Address Date

State of Idaho  
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Dr. Tuttle, who attended this birth deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Elanore Knapp Signature  
1808 North 19th, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942.

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by Marion E. Gibson, Registrar.

FEB 17 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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815 131-006 236

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH FEB 7 1942**  
**STATE OF IDAHO**

State File No. **332504**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Ruby  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Ruby  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

4. **FULL NAME OF CHILD** Heuben Simon Hanni

5. **Date of Birth of Child** (Month, day, year) Mar 31, 1897

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimacy? Yes

**FATHER OF CHILD**  
10. **FULL NAME** John Hanni  
11. Color White 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Fatherback Bern Switzerland  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Eliza Stall  
17. Color White 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Pimplig Bern Switzerland  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9 A. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by John Hanni, who is related to this child as Father (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Mackay Ida Date 2-5-42

State of IDAHO County of Butler } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for OVER 10 years, and that NEITHER ACTING AS A MIDWIFE, who attended this birth, IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John Hanni Signature  
CARE, IDAHO. P. O. Address

Subscribed and sworn to before me this 5 day of February, 1942  
(SEAL) Marvin Tracy Notary Public, residing at Mackay Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-974, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Marvin Tracy, Registrar.

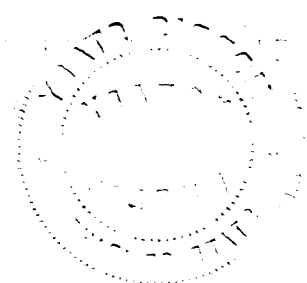


FEB 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



141 723 022 - 315

332578

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**FEB 9 1942**

Local Reg. No.....

Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County FREMONT (b) City Rigby  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 7 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Rigby  
(d) Street Address or R.F.D. No. 1  
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

4. **FULL NAME OF CHILD** HYRUM JOSHUA ADAMS

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho  
5. Date of Birth of Child March 23, 1897  
(Month, day, year)

6. Sex male 7. Twin or Triplet no If so - born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Daniel Hammer Adams  
11. Color White 12. Age at time of THIS birth 46 yrs.  
13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Harming  
15. Industry or Business Harming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Rebecca A. Tanner  
17. Color White 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Harming

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.  
County of Fremont

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 44 years, and that Mrs. - Bryan who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia S. Freeman Signature  
25 S. 2nd St. Rigby P. O. Address

Subscribed and sworn to before me this 24 day of January 1942  
(SEAL) Stanley C. Brown Notary Public, residing at James S. Sells

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Marj 26 Lefler Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 118-022-613

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**FEB 9 1942**

332603

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fremont (b) City Rexburg  
(c) Street Address or R.F.D. No. NONE  
(d) Name of Hospital or Maternity Home: NONE  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Rexburg  
(d) Street Address or R.F.D. No. NONE  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Id.

4. **FULL NAME OF CHILD** Alvin Lavon Morris

5. Date of Birth of Child  
(Month, day, year) Oct. 18, 1897

6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Alvin Morris  
11. Color white 12. Age at time of THIS birth 24 yrs.  
13. Birthplace Logan Utah  
(City or town) (State or foreign country)  
14. Exact Occupation lime worker  
15. Industry or Business manufacture of lime

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Harriet Caroline Watson  
17. Color white 18. Age at time of THIS birth 18 yrs.  
19. Birthplace Lewiston Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 A.M. on the date Feb 9, 1942  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Harriet Briggs, who is related to this child as MOTHER  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature How Dead M.D. \_\_\_\_\_ Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Oregon County of Union } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 45 years, and that unknown Walton, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**NOTARY PUBLIC FOR OREGON**

MY COMMISSION EXPIRES SEPT. 24, 1944

Subscribed and sworn to before me this 8th day of Febr 1942  
(SEAL) R. R. Benham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Harriet Caroline Briggs Signature  
1305 U Ave., La Grande, Oregon P. O. Address  
La Grande Oregon

Received for filing on FEB 9 1942 by Marj H. Keeler Registrar.

FEB 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-108-029 413

332610

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Avon  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay **BEFORE** delivery: 17 years 0 months 0 days  
**IN THIS county**

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Avon  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 17 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Avon, Idaho

**4. FULL NAME OF CHILD** Earl Berry

**5. Date of Birth of Child**  
(Month, day, year) Sept. 8, 1897

**6. Sex** male **7. Twin or Triplet** no **If so—born 1st, 2nd, 3rd** .....

**8. No. months of Pregnancy** 9 **9. Legitimate** yes

**FATHER OF CHILD**

**10. FULL NAME** James Andrew Berry  
**11. Color or Race** white **12. Age at time of THIS birth** 33 yrs.  
**13. Birthplace** Bradley County, Arkansas  
(City or town) (State or foreign country)  
**14. Exact Occupation** farmer  
**15. Industry or Business** farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Emma Elva Dora Matthews  
**17. Color or Race** white **18. Age at time of THIS birth** 24 yrs.  
**19. Birthplace** Oswego, Labet Col., Kansas  
(City or town) (State or foreign country)  
**20. Exact Occupation** housewife  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** argyrol  
**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Midwife Address Date** .....

State of Idaho  
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 44 years, and that Mrs. Ogelesby is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Etta May Snow Signature  
Route 1, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 19 42  
(SEAL) Laurence E. Huff Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Residing at Moscow, Idaho

Received for filing on FEB 9 1942 My Commission Expires Dec 12 1942

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764 130 001 213

332660

332660

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**FEB 18 1942**  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 1012 E. Bannock  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 14 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 1012 E. Bannock  
(e) How long has MOTHER lived in Idaho? 14 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Howard Clive Goul

5. Date of Birth of Child  
(Month, day, year) Sept. 30, 1897

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME** Henry Alexander Goul  
11. Color White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Cherokee, Kansas  
(City or town) (State or foreign country)  
14. Exact Occupation Painter  
15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mattie Kizziah Bates  
17. Color white 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Saline Co., Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 plus years, and that Dr. Hailey who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Kizziah Goul Signature  
Route 3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942.  
(SEAL) Betty J. Knight Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mary E. Elder Registrar.



FEB 19 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-103 025 168

332678

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**FEB 6 1942** CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. ....  
Local Reg. No. **332678**  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Idaho (b) City Brangerville  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 7 years 9 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Brangerville  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 52 yrs.  
3. RESIDENCE OF FATHER (city, state) .....

4. FULL NAME OF CHILD Arthur Lesley Schmadeka

5. Date of Birth of Child  
(Month, day, year) Nov 3 - 1897

6. Sex male 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy ..... 9. Legitimate? ☒

FATHER OF CHILD  
10. FULL NAME John Lesley Schmadeka  
11. Color White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Eugene, Ore.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business .....

MOTHER OF CHILD  
16. FULL MAIDEN NAME Theresta Johnson  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Perry Pike, Mo.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho M.D. Idaho Address Idaho Date Idaho  
State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
who attended this birth. I further state that  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresta Schmadeka Signature  
Brangerville, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942.  
(SEAL) Opal Jesse Notary Public, residing at Brangerville, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mary Field Registrar.

FEB 19 1942

APR 3 1962

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

852-104-19  
001-219  
FEB 20 1942

732710

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **332700**

Local Reg. No. ....

Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 520816  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 520816  
(e) How long has MOTHER lived in Idaho? 58 yrs.

4. FULL NAME OF CHILD Orvin James Hessing

5. Date of Birth of Child  
(Month, day, year) Mar 4 1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Jacob Hessing  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Evansville Ind  
(City or town) (State or foreign country)  
14. Exact Occupation Miller  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Belle Barton  
17. Color White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Wayne Wis  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Dora 71 years of age, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Barton Hessing Signature  
520816 7th Boise P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942  
(SEAL) Myron L. Brunner Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mary E. ... Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



316-222-001 813

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**FEB 11 1942**

State File No. **332720**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County..... Ada..... (b) City..... Boise.....  
(c) Street Address or R.F.D. No. .... none.....  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 10 years - months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State..... Idaho..... (b) County..... Ada.....  
(c) City..... Boise.....  
(d) Street Address or R.F.D. No. .... none.....  
(e) How long has **MOTHER** lived in Idaho? 18 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Boise, Ida

**4. FULL NAME OF CHILD**..... Georgia Eva LaFollette

**5. Date of Birth of Child**  
(Month, day, year)..... Mar. 22, 1917

**6. Sex**..... female..... **7. Twin or Triplet**.....  
**8. No. months of Pregnancy**..... 9..... **9. Legitimate?**..... yes

**FATHER OF CHILD**  
**10. FULL NAME**..... Milton D. LaFollette  
**11. Color or Race**..... White..... **12. Age at time of THIS birth**..... 49 yrs.  
**13. Birthplace**..... Cainesville, Missouri  
(City or town) (State or foreign country)  
**14. Exact Occupation**..... Farmer  
**15. Industry or Business**..... no

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME**..... Mary Elizabeth Hatfield  
**17. Color or Race**..... White..... **18. Age at time of THIS birth**..... 39 yrs.  
**19. Birthplace**..... Paris, Missouri  
(City or town) (State or foreign country)  
**20. Exact Occupation**..... Housewife  
**21. Industry or Business**.....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**..... none  
**23. Number of children of this mother:** (a) At time of birth and including this child..... 7..... (b) Born alive and now living..... 6.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... born..... at..... 1 P.M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature**..... **M.D. Midwife**..... **Address**..... **Date**.....

State of..... Washington..... } ss.  
County of..... King.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... Mother..... of the person whose name appears in Item 4, above, that I am now..... 83..... years of age, that I have known this person for..... 44..... years, and that..... Edith Baldwin....., who attended this birth..... is now deceased..... I further state that.....  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Mary E. LaFollette..... Signature  
..... Seattle, Wash...... P. O. Address

Subscribed and sworn to before me this..... 31..... day of..... January....., 19..... 42.....  
(SEAL)..... W. H. Hansen..... Notary Public, residing at..... Seattle.....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

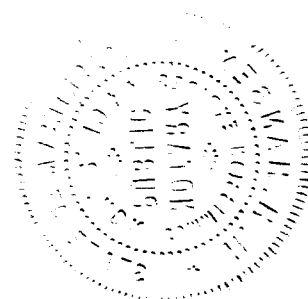
Received for filing on..... **FEB 11 1942**..... by..... Mabel E. Eder....., Registrar.

FEB 19 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349716036-319

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

332822

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Franklin (b) City Preston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
At home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Franklin  
(c) City Preston  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 6 **MOS.** YRS.

**3. RESIDENCE OF FATHER** (city, state) Preston, Idaho

**4. FULL NAME**

**OF CHILD.** Lee Cardon Turner

**5. Date of Birth of Child**

(Month, day, year) August 16, 1897

**6. Sex** male

**7. Twin or**  
Triplet -----

**If so—born**  
1st, 2nd, 3rd -----

**8. No. months**  
of Pregnancy 9 **Mos.** **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** Frederick Turner  
**11. Color** White **12. Age at time**  
or Race of THIS birth 50 **yrs.**  
**13. Birthplace** London England  
(City or town) (State or foreign country)  
**14. Exact**  
Occupation Sheriff  
**15. Industry or**  
Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Sarah Ann Cardon  
**17. Color** White **18. Age at time**  
or Race of THIS birth 35 **yrs.**  
**19. Birthplace** Logan Utah  
(City or town) (State or foreign country)  
**20. Exact**  
Occupation Housewife  
**21. Industry or**  
Business

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.**

**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

**25. Attendant's**  
**OWN signature**

**M.D.**  
**Midwife Address**

**Date**

State of Utah } ss.  
County of Cache

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
in Item 4, above, that I am now 79 years of age, that I have known this person for 4-5/12 years, and that  
Mrs. Swan who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Sarah C. Turner Signature  
141 South 4th East, Logan, Utah P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL)

Margaret C. Hickman Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Jan. 12, 1943

Received for filing on JAN 27 1942 by Margaret C. Hickman Registrar.



**FEB 19 1942**

**DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493 106 044 433

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO FEB 18 1942

332836  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
Private  
(e) Mother's stay BEFORE delivery:  
IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Harold Utley Mitchell

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) August 6, 1897

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry L. Mitchell  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Edgemoor Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Stockman  
15. Industry or Business Sheep

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Belle Utley  
17. Color White 18. Age at time of THIS birth 38 yrs.  
19. Birthplace Spring Garden Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 4 A M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Belle Mitchell who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of..... County of..... ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Dr. Shirley who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC STATE OF OREGON

My Commission Expires February 1, 1943  
Subscribed and sworn to before me this 18th day of February, 1942  
(SEAL) Nora Belle Utley Mitchell Signature  
534 Franklin St. Madras Ore. P. O. Address  
Madras Ore. Notary Public, residing at

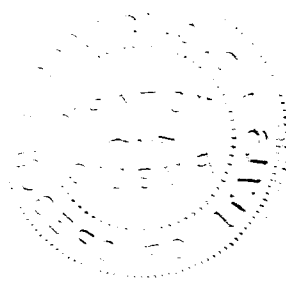
Received for filing on FEB 18 1942 by Marjorie E. Blum Registrar.

FEB 19 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-118-006799

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **332900**  
Local Reg. No. ....  
Reg. Dist. No. ....

**FEB 13 1942**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Farm House  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Idaho Falls  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 15 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Dec'd

4. **FULL NAME OF CHILD** Walter Ernest Robbie  
6. Sex Male 7. Twin or Triplet      If so—born 1st, 2nd, 3rd     

5. Date of Birth of Child 4-16-1897  
(Month, day, year)  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Alick Robbie  
11. Color White 12. Age at time of THIS birth      yrs.  
13. Birthplace Scotland  
(City or town) (State or foreign country)  
14. Exact Occupation Pharmacist - Attorney  
15. Industry or Business Drug Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Bertha Price  
17. Color white 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Ogden Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife - dressmaker  
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive R 6 p.m. on the date      (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Bertha Price Robbie, who is related to this child as Mother (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Dr. La Rue Date       
Midwife Address

State of California  
County of Los Angeles ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bertha Price Robbie Signature  
P.O. Box 753, Sunland 10547 Langmuir O. Address

Subscribed and sworn to before me this 11 day of February, 1942  
(SEAL) Raymond J. Baker Notary Public, residing at Los Angeles, Calif.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Raymond J. Baker Registrar.

FEB 19 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 129 014-236

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**FEB 14 1942**

332919

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County...Canyon..... (b) City...Notus.....  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: Home.....  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State...Idaho..... (b) County...Canyon.....  
(c) City...Notus.....  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 21 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Wilder, Ida.

4. **FULL NAME OF CHILD** James Marvin Newport  
6. Sex Male  
7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

5. Date of Birth of Child  
(Month, day, year) Nov. 29, 1897

8. No. months of Pregnancy 9  
9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Benjamin Newport  
11. Color or Race...White..... 12. Age at time of THIS birth...32 yrs.  
13. Birthplace...Buffalo, Missouri.....  
(City or town) (State or foreign country)  
14. Exact Occupation...Farming.....  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eldora Luvada Stockton  
17. Color or Race...White..... 18. Age at time of THIS birth...25 yrs.  
19. Birthplace...Wright County Missouri.....  
(City or town) (State or foreign country)  
20. Exact Occupation...Housewife.....  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child...2..... (b) Born alive and now living...3.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature M.D. Midwife Address Date

State of...California.....  
County of...Los Angeles..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that DR. ISHAM, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John B. Newport  
Wilder, Idaho  
Signature P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942.  
(SEAL) John D. McFadden Notary Public, residing at Pasadena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mary E. G. G. Registrar.

FEB 19 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



FEB 25 1942

71 215-001-415

333061

333061

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City RFD Meridian, Idaho  
(c) Street Address or R.F.D. No. RFD Meridian  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery Susie Elmira Manuell  
IN THIS county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City RFD Meridian  
(d) Street Address or R.F.D. No. RFD Meridian  
(e) How long has MOTHER lived in Idaho? 6 yrs.  
**3. RESIDENCE OF FATHER** (city, state) 6 years

**4. FULL NAME OF CHILD** Margaret May Graham

5. Date of Birth of Child  
(Month, day, year) April 15, 1897

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Lewis Francis Graham  
11. Color White 12. Age at time of THIS birth 21 yrs.  
13. Birthplace Boise Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business stockraising

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Susie Elmira Manuell  
17. Color White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Wachler Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Dr. Speulding, who attended this birth, is not deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewis F. Graham Signature  
Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.  
(SEAL) Clay Donovan Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Margaret E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



FEB 25 1942

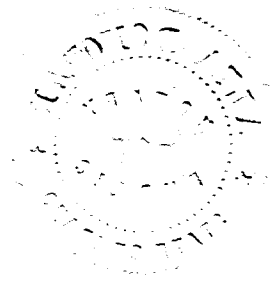
JUN 1 1961

FEB 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

281 124 014-295

1. PLACE OF BIRTH  
County of Camden  
City of Middleton  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Flavis John S Shaffer

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ 8. Date of birth Oct 24 1897  
(Month, Day, Year)

9. Full name FATHER Jessie Jacob S Shaffer  
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho  
11. Color or race White 12. Age at last birthday 69 (years)  
13. Birthplace (city or place) (State or country) Miller, Mo

14. Trade, profession, or particular Kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work Dec 5 1873 17. Total time (years) spent in this work 17/15

27. What prophylactic was used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living C (b) Born alive but now dead X (c) Stillborn A

29. If stillborn, period of gestation No { months \_\_\_\_\_ or weeks \_\_\_\_\_ 30. Cause of stillbirth No { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar. \_\_\_\_\_

### STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

333032

18. Full maiden name MOTHER Cora Ida Bushears  
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho  
20. Color or race White 21. Age at last birthday 67 (years)  
22. Birthplace (city or place) (State or country) Ark Co. Mo.  
23. Trade, profession, or particular Kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work Sept 13 1875 26. Total time (years) spent in this work \_\_\_\_\_

(Signed) C. H. Hall \_\_\_\_\_ M. D.

or \_\_\_\_\_ Midwife

Address 1615 N. 16th Boise, Ida.

Filed FEB 24 1902 \_\_\_\_\_ Registrar.

MAR 17 1942

FEB 25 1942

296-123 003 165

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **333222**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County..... (b) City.. <u>Pocatello</u> ..... (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At home-Cant give st number</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State.. <u>Idaho</u> ..... (b) County..... (c) City <u>Pocatello</u> ..... (d) Street Address or R.F.D. No..... (e) How long has <b>MOTHER</b> lived in Idaho? <u>one</u> yrs.	
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<b>4. FULL NAME OF CHILD</b> <u>Claire Baldrige Brockett</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 23-1897.</u>	
<b>6. Sex</b> <u>Boy</u>	<b>7. Twin or Triplet</b>	<b>If so—born 1st, 2nd, 3rd</b>	<b>8. No. months of Pregnancy</b> <u>9</u>
		<b>9. Legitimate?</b> <u>Yes</u>	

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Irving Townsend Brockett</u> <b>11. Color</b> <u>White</u> <b>12. Age at time of THIS birth.</b> <u>27</u> yrs. <b>13. Birthplace</b> <u>Carmi, White Co., Illinois</u> (City or town)      (State or foreign country) <b>14. Exact Occupation</b> <u>Salesman</u> <b>15. Industry or Business</b> <u>Fargo Department Store</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>White Ella E. Jones</u> <b>17. Color</b> <u>White</u> <b>18. Age at time of THIS birth.</b> <u>24</u> yrs. <b>19. Birthplace</b> <u>Fairfield, Illinois.</u> (City or town)      (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** .....

**23. Number of children of this mother:** (a) At time of birth and including this child... 2..... (b) Born alive and now living... 2.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (Mother, etc.)      (First name)      (Last name)

**25. Attendant's**  
**OWN signature**      **M.D.**      **Midwife**      **Address**      **Date**

State of..... CALIFORNIA..... } ss.  
 County of..... SAN DIEGO.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... 7..... of the person whose name appears in Item 4, above, that I am now..... 72..... years of age, that I have known this person for..... 44..... years, and that..... Unknown....., who attended this birth..... Unknown..... I further state that  
 (First name)      (Last name)      (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Irving T. Brockett..... Signature  
 ..... San Diego, Calif...... P. O. Address

Subscribed and sworn to before me this..... 11th..... day of..... Feb...... 19..... 42.....  
 (SEAL)      ..... L. H. Veltje..... Notary Public, residing at..... SAN DIEGO.....  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)      CALIFORNIA

Received for filing on..... by..... Marj H. Fisher....., Registrar.

122 25 122

DEC 11 1958

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 20 1942

State File No. 334234

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Post Falls

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Post Falls

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Helen Ruth Mitchell

5. Date of Birth of Child  
(Month, day, year) JANUARY 18 - 1897

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Mitchell

11. Color or Race white 12. Age at time of THIS birth 46 yrs.

13. Birthplace New York City N.Y.  
(City or town) (State or foreign country)

14. Exact Occupation House Painter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Agnes Williamson

17. Color or Race white 18. Age at time of THIS birth 36 yrs.

19. Birthplace Steamboat Rock Iowa  
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign  
County of Spokane } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that Grandma Veart who attended this birth now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Flora A. Mitchell Signature  
#408 - Monroeville, Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942  
(SEAL) J. J. Gordon Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Marj H. Fisher, Registrar.

FEB 25 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

544109 040-365

334294

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH FEB 20 1942**  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Shoshone (b) City Kellogg  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
Private Residence (At Home)  
(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years -- months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Kellogg  
(d) Street Address or R.F.D. No.....  
(e) ~~How long has~~ MOTHER lived in Idaho? 30 yrs.  
3. RESIDENCE OF FATHER (city, state) Wallace Idaho

4. FULL NAME OF CHILD Merrill Edmiston

5. Date of Birth of Child  
(Month, day, year) Sept 9 1897

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Teaford Edmiston  
11. Color White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Hillsboro West Virginia  
(City or town) (State or foreign country)  
14. Exact Occupation School Teacher  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Maud Loving  
17. Color White 18. Age at time of THIS birth 18 yrs.  
19. Birthplace Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born all o'clock on the date P.M.  
(Born alive, ~~deceased~~)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's Dr Machette M.D. Deceased many years  
OWN signature Deceased Midwife Address Date

State of Idaho ss.  
County of Shoshone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Teaford Edmiston Signature  
Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942  
(SEAL) Clay E. Egan Notary Public, residing at Wallace, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Henry E. Egan, Registrar.

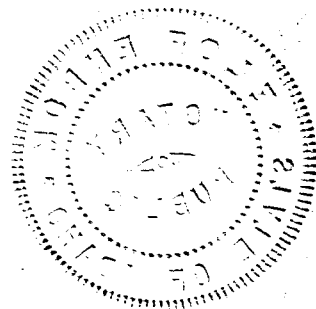


FEB 26 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-210020-243

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **334305**

# CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (a) County <u>Elmore</u> (b) City <u>Little Valley</u> (c) Street Address or R.F.D. No. <u>R.F.D.</u> (d) Name of Hospital or Maternity Home: <u>None (at home)</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>2</u> years _____ month _____ days.		<b>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</b> (a) State <u>Idaho</u> (b) County _____ (c) City <u>Little Valley - Near Mt. Home</u> (d) Street Address or R.F.D. No. <u>R.F.D.</u> (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
<b>4. FULL NAME OF CHILD</b> <u>Mildred Alice Phillips</u>		<b>5. Date of Birth</b> <u>Sept 10, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>10. FULL NAME</b> <u>Mark Thomas Phillips</u>		<b>11. FULL MAIDEN NAME</b> <u>Olive May Butts</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>36</u> yrs.	<b>13. Color or Race</b> <u>white</u>	<b>14. Age at time of THIS birth</b> <u>23</u> yrs.
<b>13. Birthplace</b> <u>Menominee Wisconsin</u> (City or town) (State or foreign country)		<b>15. Birthplace</b> <u>Lake City Calif</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Teacher</u>		<b>16. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> _____		<b>17. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>3</u> (d) Stillborn <u>None</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>alive</u> at <u>7<sup>20</sup></u> H. M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>Olive May Butts Phillips</u> who is related to this child as <u>mother</u> (First name) (Last name)			
<b>26. (a)</b> _____ (Date received) <b>(b)</b> <u>Mark Thomas Phillips</u> (Registrar's signature)		<b>25. Attendant's OWN signature</b> <u>Olive May Phillips</u> M.D. (D.O., Midwife, etc.) and address _____ Date _____	
<b>27. Given name added on</b> _____ by _____ (Registrar's signature)			

State of Arizona County of Maricopa  
I, Olive May Phillips, being first duly sworn, say that I am Related to Mildred Alice Phillips as mother (Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 129, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mark Thomas Phillips who attended said birth Deceased (Name of attendant at birth) and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Olive May Phillips Signature  
P.O. Address \_\_\_\_\_

Subscribed and sworn to before me on this 25th day of July 1941  
(SEAL) Wagelburg Notary Public, residing at Phoenix, Arizona

FEB 26 1911

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

995-126 035 853

FEB 24 1942

334324

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County... NEE PERCE (b) City... RURAL  
(c) Street Address or R.F.D. No. NONE  
(d) Name of Hospital or Maternity Home:  
NONE - BORN AT HOME  
(e) Mother's stay BEFORE delivery:  
IN THIS county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State... IDAHO (b) County... NEE PERCE  
(c) City... RURAL  
(d) Street Address or R.F.D. No. NONE  
(e) How long has MOTHER lived in Idaho? 7 yrs.  
3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD Jubius PETERSAGE

5. Date of Birth of Child  
(Month, day, year) MAY 26-1897

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME SWEN PETERSAGE  
11. Color WHITE 12. Age at time of THIS birth... 39 yrs.  
13. Birthplace... RURAL NORWAY  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME OLINE HELGERUD  
17. Color WHITE 18. Age at time of THIS birth... 29 yrs.  
19. Birthplace... SWEDEN MINNESOTA  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum... —  
23. Number of children of this mother: (a) At time of birth and including this child... 6 (b) Born alive and now living... 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of... IDAHO } ss.  
County of... LATAH

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the WIFE of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 44 years, and that INBRE SWENSON, who attended this birth... IS DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Swenson Signature  
Idaho P. O. Address

Subscribed and sworn to before me this 5 day of February, 1942  
(SEAL) Marion E. Muckley Notary Public, residing at Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... FEB 6 1942 by Marion E. Muckley Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434 207028655

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 334336  
Local Reg. No.  
Reg. Dist. No.

FEB 24 1942

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Kootnai</u> (b) City <u>Hope</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS</u> county <u>3</u> years <u>  </u> months <u>  </u> days	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootnai</u> (c) City <u>Hope</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>3</u> yrs.
--	---

<b>4. FULL NAME OF CHILD</b> <u>Jessie McDonald</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Dec. 7, 1897</u>
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>no</u> <b>If so—born</b> <u>1st, 2nd, 3rd</u>	<b>8. No. months of Pregnancy</b> <u>8</u> <b>9. Legitimate?</b> <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Davie Roe McDonald (deceased)</u>	<b>16. FULL MAIDEN NAME</b> <u>Mary Alice O'Neil</u>		
<b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>33</u> yrs.	<b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>31</u> yrs.		
<b>13. Birthplace</b> <u>Canada</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Wyoming</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Railroad conductor</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> <u>-</u>	<b>21. Industry or Business</b> <u>-</u>		

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** -

**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** M.D. Midwife Address Date

State of California } ss.  
County of Los Angeles }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for.....years, and that Dr. Leiberg, who attended this birth.....cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alice McDonald Signature  
163 1/2 St. Joseph Ave., Long Beach, Calif. O. Address

Subscribed and sworn to before me this 20th day of February, 1942.  
(SEAL) J. H. [Signature] Notary Public, residing at Santa Monica, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

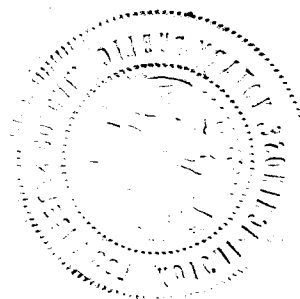
Received for filing on FEB 24 1942 by Mabel [Signature], Registrar.

FEB 26 1947

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



515 214 025 664

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

334371  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City Grangeville  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: XX  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 46 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Grangeville  
(d) Street Address or R.F.D. No. Deceased  
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.  
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Esther Van Sise  
6. Sex Female 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child (Month, day, year) July 14-1897

**FATHER OF CHILD**  
10. **FULL NAME** Frank David Van Sise  
11. Color White 12. Age at time of THIS birth 49 yrs.  
13. Birthplace Monroeville Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business X

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Elva Etta Fountain  
17. Color White 18. Age at time of THIS birth 36 yrs.  
19. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife-  
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name)  
(Mother, etc.)  
25. Attendant's **OWN** signature X M.D. X Address X Date X

State of Idaho }  
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 44 years, and that Dr. G. S. Stockton, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Pearl Campbell Signature  
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of February, 19 42  
(SEAL) H. J. Johnson Notary Public, residing at Grangeville, Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel J. Fisher Registrar.



APR 28 1943

JUL 29 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

736 126 022-515

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**FEB 20 1942**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

334410

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Premont (b) City Charleyville  
(c) Street Address or R.F.D. No. General Post Office  
(d) Name of Hospital or Maternity Home: Family Home

(e) Mother's stay BEFORE delivery:

IN THIS county 4 years 4 months 15 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Premont  
(c) City Charleyville  
(d) Street Address or R.F.D. No. Post Office

(e) How long has MOTHER lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Charleyville Idaho

5. Date of Birth of Child  
(Month, day, year) 26 Aug 1897

**4. FULL NAME OF CHILD** Arthur Le Roy Glover

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Joseph Hyrum Glover  
11. Color White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Hamington Davis Ida Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Edith Van Orden  
17. Color White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Charleyville Davis Ida Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housekeeping  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Premont } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 31 years of age, that I have known this person for 44 years, and that Edith Van Orden (first name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20 day of Feb, 1942  
(SEAL) Edith Glover Signature  
Charleyville Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Idaho

Received for filing on FEB 20 1942 by Arthur Le Roy Glover Registrar.

FEB 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

446-116 004 444

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

FEB 25 1942

State File No. **334453**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <b>BEAR LAKE</b> (b) City <b>MONTPELIER</b> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <b>None</b> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <b>IDAHO</b> (b) County <b>BEAR LAKE</b> (c) City <b>MONTPELIER</b> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <b>66</b> yrs.	
<b>4. FULL NAME OF CHILD</b> <b>HEZEKIAH BUDGE DUFFIN</b>		<b>5. Date of Birth of Child</b> (Month, day, year) <b>10-16-97</b>	
<b>6. Sex</b> <b>MALE</b>	<b>7. Twin or Triplet</b> <input checked="" type="checkbox"/> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <b>YES</b>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <b>HEZEKIAH CHARLES DUFFIN</b> <b>11. Color or Race</b> <b>WHITE</b> <b>12. Age at time of THIS birth</b> <b>26</b> yrs. <b>13. Birthplace</b> <b>PARIS IDAHO</b> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <b>SALES MANAGER</b> <b>15. Industry or Business</b> <b>IMPLEMENTS &amp; HOWE</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <b>FRANCIS JANE BUDGE</b> <b>17. Color or Race</b> <b>WHITE</b> <b>18. Age at time of THIS birth</b> <b>22</b> yrs. <b>19. Birthplace</b> <b>PARIS IDAHO</b> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <b>HOUSEWIFE</b> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <b>None</b>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <b>2</b> (b) Born alive and now living <b>2</b>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is  
 related to this child as.....  
 (Mother, etc.) (First name) (Last name)

**25. Attendant's**  
**OWN signature** *Jerome* **M.D.** **Midwife** **Address** **Date**

State of **Idaho** } ss.  
 County of **Jerome**

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **66** years of age, that I have known this person for **66** years, and that **D. B. A. Hoover**, who attended this birth **is now deceased** I further state that (Is now deceased) or (Cannot be located)  
 (First name) (Last name)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*Frances Jane Budge Duffin* Signature  
*Jerome* P. O. Address

Subscribed and sworn to before me this **23** day of **February**, 19**42**  
 (SEAL) *Shirley* Notary Public, residing at **Jerome Idaho**  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by *Marion T. Miller* Registrar.

FEB 25 1942

FEE 37 1942

APR 12 1956

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



216 213044 285

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**FEB 25 1942**

**334467**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Washington (b) City Salubria  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Own Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 4 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Washington  
(c) City Salubria  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state) New York

**4. FULL NAME OF CHILD** Mildred Helena Brown

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Jan. 12, 1897

8. No. months of Pregnancy nine 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME William Martin Brown  
11. Color white 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Morning Sun, Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation Medicine Doctor  
15. Industry or Business Practitioner

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Emma Lucinda Sherman  
17. Color white 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Hebron, New York  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 12 P.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Emma L. Brown, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Arizona County of M. Diaripa } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 44 years, and that William Martin Brown, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires May 15, 1945

Subscribed and sworn to before me this 16<sup>th</sup> day of January, 1942.  
(SEAL) C. T. Schme Notary Public, residing at Phoenix, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 30 1942 by Marj H. G. Lefter, Registrar.

NOV 18 1968

FEB 27 1969

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local health officer, or by the record in the Bureau of Vital Statistics for the purpose of such record as prescribed in Chapter 2, Title 38, Idaho Code Annotated, and such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED  
FEB 27 1969  
FEB 27 1969

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **334471**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Idaho (b) City Beneseel  
(c) Street Address or R.F.D. No. 170  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 5 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Nez Perce  
(c) City Beneseel, Idaho  
(d) Street Address or R.F.D. No. 170  
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD Carry Glen Spence

5. Date of Birth of Child  
(Month, day, year) Jan 16, 1897

6. Sex male 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd 170

8. No. months of Pregnancy yes 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME Silas Spence  
11. Color or Race White 12. Age at time of THIS birth 41 yrs.  
13. Birthplace State of S.C.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Head

MOTHER OF CHILD  
16. FULL MAIDEN NAME Maggie Eckard  
17. Color or Race White 18. Age at time of THIS birth 31 yrs.  
19. Birthplace State of West Va.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Idaho Address Idaho Date Idaho  
Midwife Idaho

State of Idaho County of Nez Perce } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that Head who attended this birth. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie R. Spence Signature  
Rev. H. J. Lewis P. O. Address

Subscribed and sworn to before me this 17 day of Feb. 1942  
(SEAL) John A. Phillips Notary Public, residing at Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel T. Fisher Registrar.

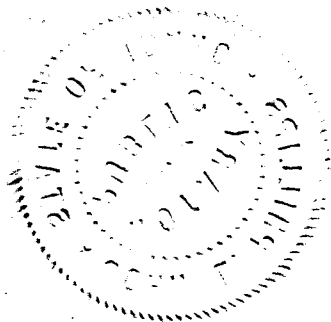


B 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each "certified" copy requires an advance payment of fifty cents, money order or coin.

655718022 897

334530

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

FEB 21 1942

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Fremont (b) City Lyman  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Lyman  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 20 yrs.  
3. RESIDENCE OF FATHER (city, state) Lyman, Idaho

4. FULL NAME OF CHILD Joseph Weeks  
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child  
(Month, day, year) Feb. 18, 1897

FATHER OF CHILD  
10. FULL NAME William Henry Weeks  
11. Color White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Madison County, Wisconsin  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Emmerleen Higgins  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Canterbury, England  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }  
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 45 years, and that Mrs. Wylie, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Geo. Wylie  
Swan Valley, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942.  
(SEAL) Grace Traugott Notary Public, residing at Swan Valley, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires Oct. 15, 1944

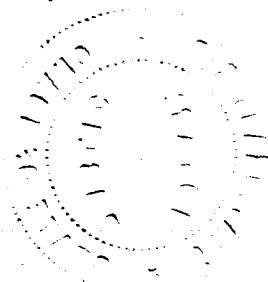
Received for filing on FEB 21 1942 by Marj F. Fisher, Registrar.

MAR 2 - 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....

## CERTIFICATE OF BIRTH

Local Reg. No. ....

STATE OF IDAHO

Reg. Dist. No. ....

FEB 21 1942

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Fremont (b) City Driggs  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home:  
Private home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years ? months  days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Driggs  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 16 yrs.

4. FULL NAME OF CHILD Chase Ray Kimball

5. Date of Birth of Child June 30, 1897  
(Month, day, year)

6. Sex Male 7. Twin or Triplet  If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Ray Chase Kimball  
11. Color White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Salt Lake City Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Rancher  
15. Industry or Business Stock raising & farming

## MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Seymour  
17. Color white 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Barrington Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business Stock ranch

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at  M. on the date   
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by , who is related to this child as   
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature  M.D.  Midwife  Address  Date

State of Idaho  
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Mrs. Emily Seymour, who attended this birth Is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Chase Kimball Signature  
Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of January, 1942  
(SEAL) Myrl H. Blum Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Myrl H. Blum, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1942

NOV 22 1967

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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334544

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. Harrison Ave  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. Harrison Ave.  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** DAVID DANIEL NEELAN
5. Date of Birth of Child  
(Month, day, year) Apr. 18, 1897
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

- | FATHER OF CHILD  |  | MOTHER OF CHILD                                 |  |
|--|--|---|--|
| 10. <b>FULL NAME</b> <u>DAVID DANIEL NEELAN</u>                            | 16. <b>FULL MAIDEN NAME</b> <u>NELLIE O'DONNELL</u>                                  | 17. Color <u>White</u>                          | 18. Age at time of THIS birth <u>30</u> yrs. |
| 11. Birthplace <u>Ireland</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Lincoln, Illinois</u><br>(City or town) (State or foreign country) | 20. Exact Occupation <u>Locomotive Engineer</u> | 21. Exact Occupation <u>Housewife</u>        |
| 12. Age at time of THIS birth <u>29</u> yrs.                               |  | 22. Industry or Business                        |  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2 (b) Born alive and now living.....2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date  
Idaho  
Bannock ss.

State of.....  
County of.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**Father**.....of the person whose name appears in Item 4, above, that I am now.....74.....years of age, that I have known this person for.....44.....years, and that Mrs Amelia Earl....., who attended this birth.....is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....20th day of.....February....., 1942.  
(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....FEB 21 1942.....by.....Marl Z. Fisher....., Registrar.

MAR 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing POSTAGE, postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

334633

334633

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City Emmett  
(c) Street Address or R.F.D. No. Gen'l Delivery  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon  
(c) City Emmett  
(d) Street Address or R.F.D. No. Gen'l Del.  
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD Ernest Chauncey Lively

5. Date of Birth of Child  
(Month, day, year) April 26, 1897

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Houston Lively  
11. Color White 12. Age at time of THIS birth 23 yrs.  
13. Birthplace near Cuba Crawford Co. Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer & Carpenter  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ethie Moulton  
17. Color White 18. Age at time of THIS birth 17 yrs.  
19. Birthplace Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.  
County of Orange

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since birth years, and that Dr. Climer, who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of February, 1942  
(SEAL) William Houston Lively Signature  
206 Highland Ave, Santa Ana Calif P. O. Address  
Geary Campbell Notary Public, residing at Santa Ana Calif  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mary E. Elder, Registrar.

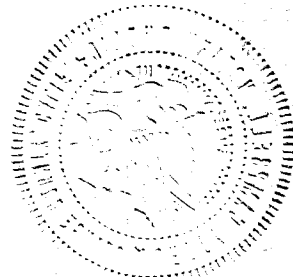


MAR 4 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

385 229-008-292

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

334715  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Boise (b) City on farm  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
IN THIS county 13 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Boise  
(c) City farm in what is now  
(d) Street Address or R.F.D. No. Valley County  
(e) How long has MOTHER lived in Idaho? 13 yrs.  
3. RESIDENCE OF FATHER (city, state) Boise County Idaho

4. FULL NAME OF CHILD Ethel Irene Lynch

5. Date of Birth of Child Idaho  
(Month, day, year) November 22, 1897

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME William Miner Lynch  
11. Color white 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Horseshoe bend, Boise County, Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Katharine Sisk  
17. Color white 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Idaho City, Boise County  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon } ss.  
County of Lane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Emma Kimball who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katharine Sisk Stofell Signature  
685 East Broadway, Eugene, Oregon O. Address

Subscribed and sworn to before me this 13th day of January 1942  
(SEAL) Notary Public, residing at Eugene Ore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-211, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Martha E. ... Registrar.  
Child was born on farm in Boise county, now in Valley county. (Over)

APR 1 1942

DEC 18 1959

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Although I was born in Idaho City, my parents took me to reside in Washington state, and we did not return to make our home in Idaho until I was 8 years old; hence I had resided continuously in Boise county for 13 years at the time of Ethel Lynch's birth.

No physician in attendance.

799 111 005 962

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

334800

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Benedict (b) City Terrewood

(c) Street Address or R.F.D. No. ....

(d) Name of Hospital - Maternity Home: Grandmother's residence

(e) Mother's stay BEFORE delivery: 2 years 2 months 0 days  
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Benedict

(c) City Terrewood

(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 2 mo yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ALFRED LESTER GRIFFIN

5. Date of Birth of Child SEPT. 11, 1942  
(Month, day, year)

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME SHERMAN STREETER GRIFFIN

11. Color white 12. Age at time of THIS birth 46 yrs.

13. Birthplace New York  
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

16. FULL MAIDEN NAME REBECCA NANCY ROBERTS

17. Color white 18. Age at time of THIS birth 25 yrs.

19. Birthplace Omaha Neb.  
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was, ..... at, ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend & neighbor of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 44 years, and that Cynthia Roberts who attended this birth. Now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of February, 1942.  
(SEAL) E. L. Thompson Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

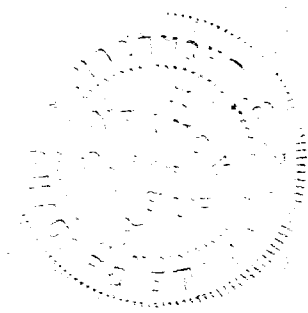
Received for filing on FEB. 28, 1942 by Maud E. Griffin, Registrar.

MAR 4 1940

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-121 025-655

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH FEB 20 1942**  
STATE OF IDAHO

State File No. **334844**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>Cor. Hall &amp; Meadow Sts.</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>33</u> years <u>9</u> months <u>21</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>Cor. Hall &amp; Meadow Sts.</u> (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Bolivar "P" Scofield</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Grangeville, Ida.</u>	
<b>6. Sex</b> <u>Male</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Dec. 21, 1897</u>	
<b>7. Twin or</b> <u>No</u> <b>If so—born</b> <u>1st, 2nd, 3rd</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Starr Worth Scofield</u> <b>11. Color</b> <u>White</u> <b>12. Age at time</b> <u>44</u> yrs. or Race <u>White</u> of THIS birth <u>44</u> yrs. <b>13. Birthplace</b> <u>Tekonsia</u> <u>Michigan</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Storekeeper</u> <b>15. Industry or Business</b> <u>General Store</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Nyda Grace Fee</u> <b>17. Color</b> <u>White</u> <b>18. Age at time</b> <u>33</u> yrs. or Race <u>White</u> of THIS birth <u>33</u> yrs. <b>19. Birthplace</b> <u>Jordana Grove, Ill.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Housekeeper</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>No record</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child, <u>5</u> . (b) Born alive and now living, <u>5</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is  
 related to this child as .....  
 (Mother, etc.) (First name) (Last name)

25. Attendant's  
**OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Idaho ..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign  
 County of Nez Perce ..... in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... brother ..... of the person whose name appears  
 in Item 4, above, that I am now 50 years of age, that I have known this person for 44 years, and that  
Dr. S. E. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
 Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28th day of February, 1942.  
 (SEAL) ..... Notary Public, residing at Lewiston, Idaho  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Marj E. Ebert, Registrar.

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-104022-249

334857

334857

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

MAR 5 1942

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Premont (b) City Beaver Canyon  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 10 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Premont  
(c) City Beaver Canyon  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Samuel Lee
5. Date of Birth of Child  
(Month, day, year) Sept. 4, 1897
6. Sex Male 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Samuel W. Lee  
11. Color White 12. Age at time of THIS birth 22 yrs.  
13. Birthplace Poole, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Saw Mill Man  
15. Industry or Business Sawmill Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Minnie Burcher  
17. Color White 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Cooleyville, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 1 2 P.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Mrs. J.C. Collier, who is related to this child as Sister (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.  
County of Los Angeles }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 6.9 years of age, that I have known this person for 4.5 years, and that Mary Wilson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Signature Mrs. J. C. Collier  
P. O. Address nd 632 E. 97th St. Los Angeles

Subscribed and sworn to before me this 11 day of March, 19 42  
(SEAL) Notary Public, residing at Topanga Hallway  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Marion H. Fisher, Registrar.

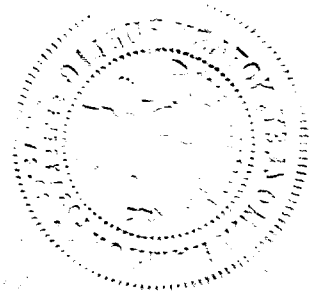


MAR 5 1917

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769118 006-168

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **334980**  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County **Bingham** (b) City **Idaho Falls**  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county **6** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State **Idaho** (b) County **Bingham**  
(c) City **Idaho Falls**  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? **6** yrs.  
3. RESIDENCE OF FATHER (city, state) **Idaho Falls, Id.**

4. FULL NAME OF CHILD **Lucius Ernest Porter**

5. Date of Birth of Child  
(Month, day, year) **July 18, 1897**

6. Sex **Male** 7. Twin or Triplet **----** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Will Francis Porter**  
11. Color **White** 12. Age at time of THIS birth **36** yrs.  
13. Birthplace **Lamont Michigan**  
(City or town) (State or foreign country)  
14. Exact Occupation **Farmer**  
15. Industry or Business **Farming**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mina Johnson**  
17. Color **White** 18. Age at time of THIS birth **34** yrs.  
19. Birthplace **Quebec, Canada**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born alive** at **Idaho Falls, Id.** M. on the date **July 18, 1897** and at the place stated above, and that personal particulars were furnished by **Will Francis Porter**, who is related to this child as **Father** (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **California** } ss.  
County of **Los Angeles** }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **81** years of age, that I have known this person for **44** years, and that **Will Francis Porter**, who attended this birth, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Will Francis Porter** Signature  
**2003 E. 76th. St. Los Angeles** P.O. Address

Subscribed and sworn to before me this **19** day of **Feb.** **1942**, **California**

(SEAL) **Ernest J. Hansen** Notary Public, residing at **2011 E. 74 St. Los Angeles, Calif.**  
(Note: Perjury is punishable as a felony in Idaho; Section 14, Idaho Code Annotated.)

Received for filing on **FEB 25 1942** **MAURICE E. HENDERSON** Registrar.  
NOTARY PUBLIC My Commission Expires September 7, 1942

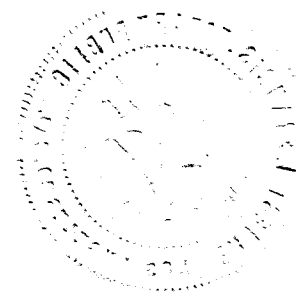
AUG 17 1976

MAR 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

Secure the information in as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **335077**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Blaine (b) City Butt Home, Idaho  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: My Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years 2 months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Blaine  
(c) City Blaine  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Oliver Calvin Gordy

5. Date of Birth of Child  
(Month, day, year) April 25th 1897

6. Sex Boy 7. Twin or Triplet If 6 born 1st, 2nd, 3rd 3

8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Levi Addison Gordy  
11. Color White 12. Age at time of THIS birth 21 yrs.  
13. Birthplace Wichita, Kansas  
(City or town) (State or foreign country)  
14. Exact Occupation  
15. Industry or Business Stockman

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Olive Mae Boone  
17. Color White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace White Rock, Nevada  
(City or town) (State or foreign country)  
20. Exact Occupation  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Blaine ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... mother ..... of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that ..... Smith M.D. who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Oliver Gordy, M.D. Signature  
1809 N 12th St P. O. Address  
Blaine, Idaho

Subscribed and sworn to before me this 11th day of March, 1942  
(SEAL) Harmon H. Snider Notary Public, residing at Blaine

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

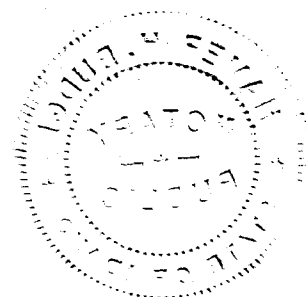
Received for filing on MAR 6 1942 by Maud E. Eider Registrar.

MAR 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-106 006-135

335310

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>BINGHAM</u> (b) City <u>ELVA</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>1</u> years <u>3</u> months <u></u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BINGHAM</u> (c) City <u>ELVA</u> (d) Street Address or R.F.D. No. <u></u> (e) How long has MOTHER lived in Idaho <u>DECEASED</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>WILLIAM AMOS ROBINSON</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>AUG 6 1897</u>	
<b>6. Sex</b> <u>MALE</u>	<b>7. Twin or Triplet</b> <u></u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>YES</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>AMOS GILBERT ROBINSON</u>		<b>16. FULL MAIDEN NAME</b> <u>MARGARET ADALINE ALEXANDER</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>44</u> yrs.		<b>18. Age at time of THIS birth</b> <u>19</u> yrs.	
<b>13. Birthplace</b> <u>FARMINGTON UTAH</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>DUQUOIN ILLINOIS</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>FARMER</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>FARMING</u>		<b>21. Industry or Business</b> <u></u>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** Jack **M.D.**  **Midwife**  **Address**  **Date**

State of Idaho County of Bingham **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 87 years of age, that I have known this person for 47 years, and that May Thompson who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amos Gilbert Robinson Signature  
P. O. Address

Subscribed and sworn to before me this 24th day of February, 1947  
(SEAL) James J. Jones Notary Public, residing at Blackfoot Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on FEB 26 1947 by May Thompson Registrar.

JUN 24 1960

MAR 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-111-029-455

335314

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO MAR 4 1942

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Kendrick  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery:  
IN THIS county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Kendrick  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child  
(Month, day, year) June 11, 1897

**4. FULL NAME OF CHILD**

Frank James La Bole

6. Sex Male

7. Twin or Triplet No

If so—born  
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Francis La Bole  
11. Color White 12. Age at time of THIS birth 41 yrs.  
13. Birthplace Peoria Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ellen Kirk Dent  
17. Color White 18. Age at time of THIS birth 42 yrs.  
19. Birthplace Prince Edward Island, Canada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Washington  
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half Brother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 44 years, and that Mrs. Heckner, who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Howard Alongo)

Signature Ellen Dent  
1331 Third Ave. Bldg., Seattle, Wash. Address

Subscribed and sworn to before me this 2nd day of March, 1942

(SEAL)

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Marjorie P. Fisher, Registrar.

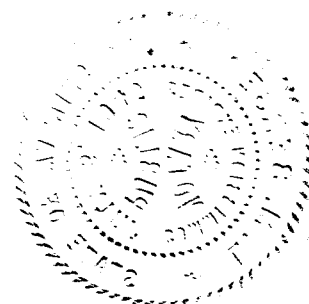


MAR 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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335 201001-753

335390

335390

United States (Be sure the information is as of date of birth of THIS child) State File No. 335390  
Department of Commerce CERTIFICATE OF BIRTH  
Bureau of Census MAR 11 1942 Local Reg. No. \_\_\_\_\_  
STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 1316 N 6th  
(d) Name of Hospital or Maternity Home: Residence  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 5 years 7 month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 1316 N 6th  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
(f) Mother's mailing address 1316 N 6th

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD

Lola Cecilia Clyne

5. Date of Birth

(Month, day year) Jan. 1, 1897

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Harry Lafayette Clyne

16. FULL MAIDEN NAME

Cecilia Petterson

11. Color White 12. Age at time of THIS birth 40 yrs.

17. Color Swedish 18. Age at time of THIS birth 29 yrs.

13. Birthplace Augusta, Kentucky  
(City or town) (State or foreign country)

19. Birthplace Helsingborg, Sweden  
(City or town) (State or foreign country)

14. Exact Occupation Painter and Paperhanger

20. Exact Occupation Housewife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5  
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(born alive, stillborn) (First name) (Last name)

26. (a) MAR 11 1942 (b) Maud E. Elder  
(Date received) (Registrar's signature)

25. Attendant's

OWN signature \_\_\_\_\_ M.D.

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

and address \_\_\_\_\_

Date \_\_\_\_\_

State of Idaho } ss.  
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cecilia Petterson Clyne, being first duly sworn, say that I am \_\_\_\_\_  
Lola Cecilia Clyne as Mother, whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Haley, who attended said birth Deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of March, 1942

(SEAL)

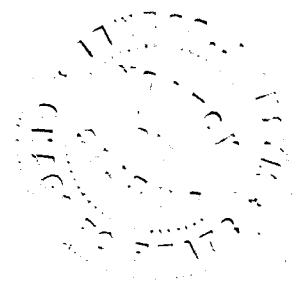
Cecilia Petterson Clyne Signature  
1316 N 6th Boise P. O. Address  
Myrna L. Brewer Notary Public, residing at Boise

1942 11 1

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

335493

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Madison (b) City Theriot  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Madison  
(c) City Theriot  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 8 yrs.

**4. FULL NAME OF CHILD** Sarah Verna Williams

**3. RESIDENCE OF FATHER** (city, state) Theriot Ida

5. Date of Birth of Child  
(Month, day, year) 3-25-1897

6. Sex Female 7. Twin or Triplet      If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Morgan Williams  
11. Color or Race White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Murray Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elzora Firth  
17. Color or Race White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace So. Weber Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.  
County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Mrs. Willey who attended this birth X X. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Feb. 20, 1945

Elzora Williams Signature  
5530 1/2 Benson Ave P. O. Address

Subscribed and sworn to before me this 1st day of March, 1942  
(SEAL) Maude C. Brown Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

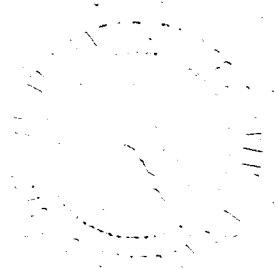
Received for filing on MAR 6 1942 by Maude C. Brown, Registrar.

MAR 13 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-2081010-632

335498

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>15</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Lulu Belle Johnson</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>June 8, 1897</u>	
<b>6. Sex</b> <u>1</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Isaac Sherman Johnson</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>51</u> yrs. <b>13. Birthplace</b> <u>Norway</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>rancher</u> <b>15. Industry or Business</b> <u>ranch</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth Anne Olson</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>31</u> yrs. <b>19. Birthplace</b> <u>Cambridge, Mass</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> <u>home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child..... (b) Born alive and now living.....			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (First name) (Last name)  
 (Mother, etc.)

25. Attendant's  
OWN signature..... M.D. Midwife Address Date

State of Idaho ss.  
County of Lemhi

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Dr. W. C. Whitwell, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine J. Barrack Signature  
Salmon Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.  
 (SEAL) W. W. Simmonds, Clerk of the Notary Public, residing at District Court,  
 in and for Lemhi County, Idaho.  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Clover Edwards Deputy

Received for filing on MAR 6 1942 by Mabel Beeler, Registrar.

MAR 11 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 335525  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. <u>street address</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. <u>address</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Norman Jacobson</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Genesee, Idaho</u> 5. Date of Birth of Child <u>February 2, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Tory Jacobson</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>33</u> yrs. <b>13. Birthplace</b> <u>Bergen, Norway</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Carpenter</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Rachel Nelson</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>33</u> yrs. <b>19. Birthplace</b> <u>Bergen, Norway</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 44 years, and that Mrs. Peters who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4 day of March 1942  
(SEAL) \_\_\_\_\_ Signature \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
My Commission Expires April 1, 1942  
Notary Public, Residing at \_\_\_\_\_ Address \_\_\_\_\_  
In and for the County of Los Angeles, State of California

Received for filing on MAR 9 1942 by W. H. Hester Registrar.

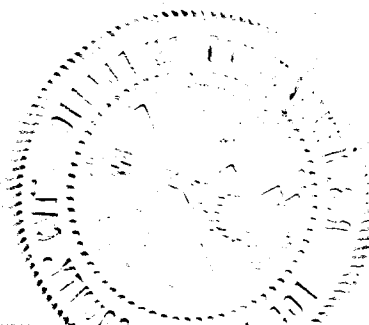


MAR 11 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **335528**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
IN THIS county years 11 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weiser Ida.

5. Date of Birth of Child  
(Month, day, year) Nov. 2, 1897

**4. FULL NAME OF CHILD** Frank Oliphant

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Edwin B. Oliphant  
11. Color white 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Marietta, Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation Lawyer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Kate C. Preston  
17. Color white 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Beverly, Ohio  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.  
County of Pierce

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that ..... who attended this birth. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7 day of March, 1947  
(SEAL) Don H. Edgerly Notary Public, residing at Puyallup, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

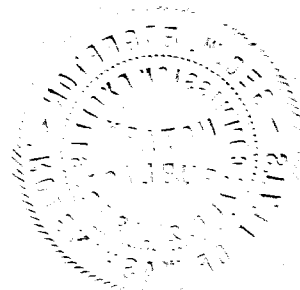
Received for filing on 3/9/47 by Mabel E. Edgerly, Registrar.

MAR 11 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in an envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

203-2312003433  
United States  
Department of Commerce  
Bureau of the Census

Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

335554  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Soda Springs</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>At residence.</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>14</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Soda Springs</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Frances Tolmie</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Soda Springs, Idaho.</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>No.</u> <b>If so—born</b> 1st, 2nd, 3rd		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 21, 1897.</u>	
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Donald Tolmie</u>		<b>16. FULL MAIDEN NAME</b> <u>Annabelle McCloud</u>	
<b>11. Color or Race</b> <u>White.</u> <b>12. Age at time of THIS birth</b> <u>53</u> yrs.		<b>17. Color or Race</b> <u>White.</u> <b>18. Age at time of THIS birth</b> <u>38</u> yrs.	
<b>13. Birthplace</b> <u>Maryborough, Roshire, Scotland</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Munlocky, Roshire, Scotland.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Stockman.</u>		<b>20. Exact Occupation</b> <u>Housewife.</u>	
<b>15. Industry or Business</b> <u>Cattle.</u>		<b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>Do not know.</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>9.</u> (b) Born alive and now living <u>9.</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** M.D. Midwife Address Date

State of Idaho } ss.  
County of Bingham

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 44 years, and that Dr. Wilson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annabelle Tolmie  
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.

(SEAL) John A. [Signature] Notary Public, residing at Blackfoot, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mary [Signature]

JUL 13 1965

APR 30 1949

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

853-111-009-566

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **335564**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah (b) City Cora  
(c) Street Address or R.F.D. No. R.F.D. 1  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 13 years 9 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Cora  
(d) Street Address or R.F.D. No. R.F.D. 1  
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. FULL NAME OF CHILD Bernie August Welt

3. RESIDENCE OF FATHER (city, state) Cora Idaho  
5. Date of Birth of Child  
(Month, day, year) Nov. 11, 1897

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Barnhardt Welt  
11. Color white 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Berlin Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Noivack  
17. Color white 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Berlin Germany  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.  
County of Stanley

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 44 years, and that Mrs. Gibson, who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

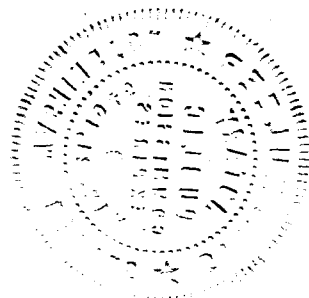
Subscribed and sworn to before me this 24 day of Feb, 1942  
(SEAL) S.A. Kuber Notary Public, residing at Valley, Wash.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)  
Signature Mrs. Amanda Low  
P. O. Address Adity, Washington

Received for filing on FEB 27 1942 by Mary E. Lifer, Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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335614

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO FEB 27 1942

State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Power (b) City Rockland  
(c) Street Address or R.F.D. No. 2  
(d) Name of Hospital or Maternity Home: At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county (initial only) years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Power  
(c) City Rockland  
(d) Street Address or R.F.D. No. 2  
(e) How long has MOTHER lived in Idaho? 0 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Louise E. Webb

5. Date of Birth of Child  
(Month, day, year) July 2, 1897

6. Sex Boy 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 0 9. Legitimate? X

FATHER OF CHILD  
10. FULL NAME Lith Taft Webb  
11. Color W. or Race W. 12. Age at time of THIS birth 45 yrs.  
13. Birthplace Salt Lake City Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business 0

MOTHER OF CHILD  
16. FULL MAIDEN NAME Kate Robinson  
17. Color White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Mechoppen Penn  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business 0

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0  
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 0 M. on the date 0 and at the place stated above, and that personal particulars were furnished by Etta Webb Russell who is related to this child as sister (Mother, etc.)  
(First name) (Last name)

25. Attendant's OWN signature deceased M.D. 0 Midwife 0 Address 0 Date 0

State of Idaho County of WINNEBAGO } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 45 years, and that Mr. Tom Brown who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under 0 Laws.

Mrs. Etta Webb Russell Signature  
Roseville Calif. P. O. Address

Subscribed and sworn to before me this 25 day of February 1942  
(SEAL) Clifford S. Hallis Notary Public, residing at Kimberly La

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 0 My Commission Expires May 20, 1945 by 0 Registrar.

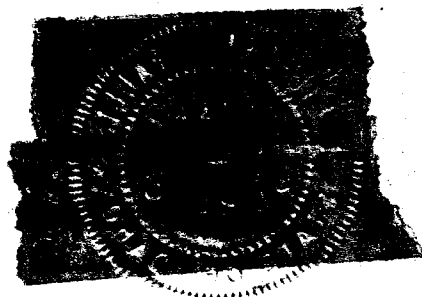


MAY 14 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Nezperce (b) City Leakland  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
in her own home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nezperce  
(c) City Leakland  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Inene Leone VanCindale

**5. Date of Birth of Child**

(Month, day, year) 9/26/1897

**6. Sex**

Female

**7. Twin or Triplet**

Triplet

**If so—born 1st, 2nd, 3rd**

**8. No. months of Pregnancy**

9

**9. Legitimate?**

yes

**FATHER OF CHILD**

**10. FULL NAME**

Peter Q. VanCindale

**11. Color or Race**

White

**12. Age at time of THIS birth**

34 yrs.

**13. Birthplace**

La Center  
(City or town)

Washington  
(State or foreign country)

**14. Exact Occupation**

Farming

**15. Industry or Business**

Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Phoebe M. Bartlett

**17. Color or Race**

White

**18. Age at time of THIS birth**

21 yrs.

**19. Birthplace**

La Center  
(City or town)

Washington  
(State or foreign country)

**20. Exact Occupation**

Housewife

**21. Industry or Business**

Housewife

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

none

**23. Number of children of this mother: (a) At time of birth and including this child**

3

**(b) Born alive and now living**

5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born at Seven P.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by John M. Bartlett, who is related to this child as lineal (Mother, etc.)

**25. Attendant's OWN signature**

Jennie B. Brown

**Midwife**

**Address**

Lenore, Idaho

**Date**

Feb 27 1942

**State of**

Idaho ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

MAR 2 1942

by.....

Myrtle E. Ecker

Registrar.

335684

515-226-035-219

MAR 19 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-120-006-792

335704

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 3 1942

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Basalt  
(c) Street Address or R.F.D. No. Basalt, Id.  
(d) Name of Hospital or Maternity Home:  
at own home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 3 years 3 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham  
(c) City Basalt  
(d) Street Address or R.F.D. No. Basalt, Id.  
(e) How long has MOTHER lived in Idaho? 77 yrs.

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child  
(Month, day, year) Feb. 20, 1897

4. FULL NAME OF CHILD

James Denzil Dye

6. Sex Male 7. Twin or Triplet No If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Dye  
11. Color White 12. Age at time of THIS birth 25 yrs.  
13. Birthplace Picardale, Nebraska, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Pike  
17. Color White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Mill Creek, Salt Lake Co., Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housekeeper  
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature

M.D. Address Date  
Midwife

State of Idaho County of Bingham ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that Christina Heland, who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Dye Signature  
First Idaho P. O. Address

Subscribed and sworn to before me this 66th day of February, 1942  
(SEAL) M. U. Justina Notary Public, residing at First Idaho

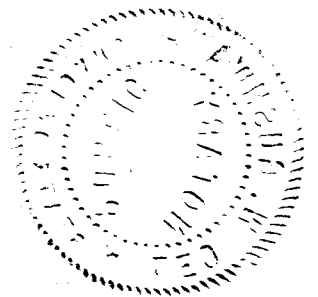
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mary E. Dye Registrar.

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-109-116-815

335718

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of the Census STATE OF IDAHO MAR 2 1942 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Cassia (b) City Naff  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Naff  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clell Merland Hanson  
5. Date of Birth of Child (Month, day, year) 6/9/97

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME George H Hanson  
11. Color White 12. Age at time of THIS birth 24 yrs.  
13. Birthplace Lincoln Maine  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

MOTHER OF CHILD  
16. FULL MAIDEN NAME Edna M. Hanson  
17. Color White 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Kelton Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Farmer Wife  
21. Industry or Business Farming Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_  
Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
State of Idaho \_\_\_\_\_ ss.  
County of Power \_\_\_\_\_

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that my Sophia J. Ryan \_\_\_\_\_, who attended this birth deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George H Hanson \_\_\_\_\_ Signature  
American Falls, Idaho \_\_\_\_\_ P. O. Address  
Subscribed and sworn to before me this 28th day of February, 1942.  
(SEAL) \_\_\_\_\_ Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) RESIDING AT AMERICAN FALLS, IDAHO  
MAR 2 1942 COMMISSION EXPIRES OCTOBER 22, 1943

Received for filing on \_\_\_\_\_ by Harry Becker \_\_\_\_\_, Registrar.

MAR 13 1942

NOV 21 1941

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County.....Idaho..... (b) City.....Idaho.....  
(c) Street Address or R.F.D. No.....P.O. Kooskia Idaho  
(d) Name of Hospital or Maternity Home:  
.....none.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State.....Idaho..... (b) County.....Idaho.....  
(c) City .....P.O. Kooskia.....  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho?.....9 yrs.

**3. RESIDENCE OF FATHER** (city, state)Kooskia Idaho

5. Date of Birth of Child  
(Month, day, year) Mar. 2 1897

**4. FULL NAME OF CHILD**

Floyd McLean

6. Sex m 7. Twin or Triplet vv If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME.....Samuel McLean.....  
11. Color.....white..... 12. Age at time of THIS birth.....51..... yrs.  
13. Birthplace.....Colerain Ireland.....  
(City or town) (State or foreign country)  
14. Exact Occupation.....farmer.....  
15. Industry or Business.....farmer.....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME.....Margaret Jane Nolen.....  
17. Color.....white..... 18. Age at time of THIS birth.....37..... yrs.  
19. Birthplace.....Arkansas.....  
(City or town) (State or foreign country)  
20. Exact Occupation.....housewife.....  
21. Industry or Business.....housewife.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....none.....

23. Number of children of this mother: (a) At time of birth and including this child.....6..... (b) Born alive and now living.....6.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....Margaret McLean....., who is related to this child as.....mother.....  
(First name) (Last name)

25. Attendant's OWN signature.....Robert E. McLean..... Was present at time and helped  
Address.....Clearwater Ida..... Date.....

State of.....Idaho..... } ss.  
County of.....Idaho.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....brother..... of the person whose name appears in Item 4, above, that I am now.....50..... years of age, that I have known this person for.....44..... years, and that

.....Mrs. Austin....., who attended this birth.....is now deceased..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Robert E. McLean..... Signature

.....Clearwater Idaho..... P. O. Address

Subscribed and sworn to before me this.....20..... day of.....February....., 19.....42.....

(SEAL)

.....Notary Public....., Notary Public, residing at.....Kooskia Idaho.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....MAR 2 1942..... by.....Marl Beeler....., Registrar.



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States  
Department of Commerce  
Bureau of the Census

MAR 12 1942 (Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **335822**  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County DANNOCK (b) City LAGO  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: NONE  
(e) Mother's stay BEFORE delivery:  
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State IDAHO (b) County DANNOCK  
(c) City LAGO  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) LAGO, IDAHO  
5. Date of Birth of Child  
(Month, day, year) 12-25-'97

4. FULL NAME OF CHILD FLORA WRIGHT

6. Sex FEMALE 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd ☒ 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME WILLIAM BROWN WRIGHT  
11. Color or Race WHITE 12. Age at time of THIS birth 39 yrs.  
13. Birthplace DART LAKE CITY, UTAH  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSA ELLIS  
17. Color or Race WHITE 18. Age at time of THIS birth 35 yrs.  
19. Birthplace PERRYVILLE, MISSOURI  
(City or town) (State or foreign country)  
20. Exact Occupation  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ☒  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date  
Midwife  
State of IDAHO } ss. AFFIDAVIT to be completed when the attendant does not sign  
County of ADA } in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears  
in Item 4, above, that I am now 39 years of age, that I have known this person for 44 years, and that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
who attended this birth. I further state that  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

M B Wright Signature  
BOCATELLA, IDAHO P. O. Address  
Subscribed and sworn to before me this 25 day of February, 1942  
(SEAL) Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

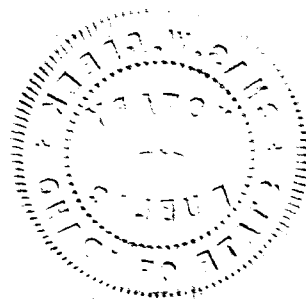
Received for filing on MAR 12 1942 by Maryl Elder, Registrar.

MAR 12 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

State File No. **335867**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City Freedom  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay **BEFORE** delivery, 4 years 3 months 0 days  
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Freedom  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 9 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Freedom, Idaho

4. **FULL NAME OF CHILD** Le ROY ERNEST Le VANDER

5. Date of Birth of Child  
(Month, day, year) June 17, 1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edgar William Le Vander  
11. Color White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Pilot Rock, Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business .....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary May Richardson  
17. Color White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Malheur City, Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of Washington } ss.  
County of Washington }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Mrs. Lyons who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Levander Signature  
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42  
(SEAL) Margaret Ogil Notary Public, residing at Cambridge, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Margaret Ogil Registrar.

MAR 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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614-101 003-731

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

State File No. 335914  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital None Maternity Home:  
None  
(e) Mother's stay BEFORE delivery:  
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 23 yrs.

4. FULL NAME OF CHILD Albert Edward Faulkner Jr  
6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Salt Lake City Utah  
5. Date of Birth of Child (Month, day, year) Apr. 1, 1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Albert Edward Faulkner Sr  
11. Color White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Ogden Utah (City or town) (State or foreign country)  
14. Exact Occupation Black Smith  
15. Industry or Business Industry

MOTHER OF CHILD  
16. FULL MAIDEN NAME Corona Matilda Plant  
17. Color White 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was None at 1 M. on the date 1 and at the place stated above, and that personal particulars were furnished by None, who is related to this child as None (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Utah M.D. Midwife Address State of Date County of Salt Lake ss. Utah Salt Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Mrs. M. C. Williams, who attended this birth, cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Celestia Faulkner Williamson Signature  
1609 Mayfair Circle P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1942  
(SEAL) Theron T. Burston Notary Public, residing at 207 City & County Bldg.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

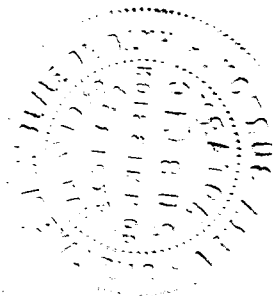
Received for filing on MAR 4 1942 by Mabel J. Fisher, Registrar.

MAR 14 1949

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1941 Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

335946

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City White Bird  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
XX

(e) Mother's stay **BEFORE** delivery:

IN THIS county 3 years X months X days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City White Bird  
(d) Street Address or R.F.D. No. X  
(e) How long has MOTHER lived in Idaho? Deceased yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

5. Date of Birth of Child 1897  
(Month, day, year) Feby. 18, 1897

**4. FULL NAME OF CHILD** Isaac Oscar Thompson

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Joseph A. Thompson  
11. Color White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Linn Co. Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business X

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizabeth Ann Anspauch  
17. Color White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Adair Co. Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature X M.D. Midwife Address X Date

State of Idaho County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance of the person whose name appears in Item 4, above, that I am now 67 \* years of age, that I have known this person for 45 \* years, and that Dr. W. A. Foskett who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mattie Jane Horstman was) Mattie Jane Horstman Signature  
(present at the time of this birth). Grangeville, Idaho, Idaho P. O. Address  
Subscribed and sworn to before me this 28 day of February, 19 42

(SEAL)

Notary Public Notary Public, residing at Grangeville, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Meil E. E. E. Registrar.



MAR 16 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

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419 121 001 413

336109

336109

United States **MAR 17 1942**  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. General Delivery  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. R.F.D. #3  
(e) How long has MOTHER lived in Idaho? 70 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Boise, Ida

**4. FULL NAME OF CHILD**

Charles Marlatt

**5. Date of Birth of Child**

(Month, day, year) Dec. 26, 1897

**6. Sex**

Male

**7. Twin or Triplet**

Twin

**If so—born 1st, 2nd, 3rd**

2nd

**8. No. months of Pregnancy**

9

**9. Legitimate?**

yes

**FATHER OF CHILD**

**10. FULL NAME**

William Marlatt

**11. Color or Race**

White

**12. Age at time of THIS birth**

25 yrs.

**13. Birthplace**

Washington Territory

**14. Exact Occupation**

Farmer

**15. Industry or Business**

Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lucy Elvina Daly

**17. Color or Race**

White

**18. Age at time of THIS birth**

23 yrs.

**19. Birthplace**

Putnam County, Missouri

**20. Exact Occupation**

Housewife

**21. Industry or Business**

Housewife

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

**23. Number of children of this mother: (a) At time of birth and including this child**

2

**(b) Born alive and now living**

2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature**

Idaho

**M.D.**

Midwife

Address

Date

State of .....  
County of ..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Dr. Elmer Sprunger, who attended this birth now deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Elvina Marlatt Signature  
Route #3 Boise Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL)

Wazel Overell

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my Comm. expires July 25, 1942

Received for filing on MAR 17 1942 by Mary E. Eder Registrar.

MAR 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

817-130-001-631

336114

United States **MAR 17 1942**  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **336114**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Star  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 8 years 1 months  days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Star  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 8 yrs

**4. FULL NAME OF CHILD** Floyd F. Hagan  
**6. Sex** male **7. Twin or Triplet** no **If so—born** 1st, 2nd, 3rd

**3. RESIDENCE OF FATHER** (city, state) Star Idaho  
**5. Date of Birth of Child** (Month, day, year) Oct 30-1897  
**8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**FATHER OF CHILD**  
**10. FULL NAME** Curtis Hays Hagan  
**11. Color or Race** white **12. Age at time of THIS birth** 31 yrs.  
**13. Birthplace** Pennsylvania  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** Farming

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Mary Etta Flake  
**17. Color or Race** white **18. Age at time of THIS birth** 23 yrs.  
**19. Birthplace** Illinois  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** Mary Etta Flake **M.D.** **Midwife** **Address** **Date**  
State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 23 years, and that Mary Johnson, midwife, who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Etta Flake Signature  
Idaho P. O. Address  
Subscribed and sworn to before me this 17 day of March, 1942  
(SEAL) W. B. Roy Notary Public, residing at Boise, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 17 1942** by Mary Etta Flake, Registrar.

MAR 17 1942

MAR 19 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 336114  
County of Ada

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Floyd F. Hagan who was born on Oct 30, 1897 (Birth or Death)  
in Stan, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

number of years  
affiant has  
known applicant 23 years 44 years  
Subscribed and sworn to before me this 19  
day of March, 1942

W. B. Joy  
Notary Public, residing at Boise, Ida  
My commission expires 7/14/45  
(Seal)  
Signed Mary Etta Stalker  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Felt, Idaho  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.  
County of Ada (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
day of March, 1942  
W. B. Joy

Notary Public, residing at Boise, Ida  
My commission expires 7/14/45  
(Seal)  
Signed J. B. Stalker  
(Signature of Any Credible Person Other Than Previous Year)  
Felt, Idaho  
(Street Address, City, State)

MAR 19 1942

962-128 006-132

336122

336122

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Shelley  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery: at home  
IN THIS county 8 years 0 months 0 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Shelley  
(d) Street Address or R.F.D. No. 1  
(e) How long has MOTHER lived in Idaho? 5 yrs.

**4. FULL NAME OF CHILD** Henry David Robertson  
**6. Sex** Male  
**7. Twin or Triplet** No **If so—born** 1st, 2nd, 3rd

**3. RESIDENCE OF FATHER** (city, state) Sam  
**5. Date of Birth of Child** (Month, day, year) 11-28-1897  
**8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**FATHER OF CHILD**  
**10. FULL NAME** Nephi J. Robertson  
**11. Color or Race white **12. Age at time of THIS birth** 30 yrs.  
**13. Birthplace** Pandora, Grey, Utah  
(City or town) (state or foreign country)  
**14. Exact Occupation**  
**15. Industry or Business****

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Albertina Albertson  
**17. Color or Race white **18. Age at time of THIS birth** 22 yrs.  
**19. Birthplace** Hyrum, Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation** house wife  
**21. Industry or Business****

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive M. on the date March 11, 1942  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Albertina Robertson who is related to this child as Mother  
(Mother, etc.) (First name) (Last name)

**25. Attendant's**  
**OWN signature** Albertina Robertson **M.D.**  
**Midwife** **Address** **Date**

State of Idaho County of Bingham } ss.  
**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Christine Heland, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Albertina Jensen Signature  
Shelley, Idaho, RFD 1 P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 42,  
(SEAL) Notary Public Notary Public, residing at Shelley, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Marcel E. Elden, Registrar.



(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 12 1942  
336143

766-101 014-356

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County... Lamy (b) City... Hamphra  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Born at mother's home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State... Idaho (b) County... Canyon  
(c) City... Hamphra  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 2 yrs.  
**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD**

George David Goodman

**5. Date of Birth of Child**

(Month, day, year) Jan 1, 1897

**6. Sex**

male

**7. Twin or Triplet**

If so—born 1st, 2nd, 3rd

**8. No. months of Pregnancy**

9

**9. Legitimate?**

yes

**FATHER OF CHILD**

**10. FULL NAME**

Joseph Warren Goodman

**11. Color or Race**

white

**12. Age at time of THIS birth**

40 yrs.

**13. Birthplace**

Illinois

(City or town)

(State or foreign country)

**14. Exact Occupation**

common labor

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Susan Augusta Lewis

**17. Color or Race**

white

**18. Age at time of THIS birth**

20 yrs.

**19. Birthplace**

Nevada

(City or town)

(State or foreign country)

**20. Exact Occupation**

housewife

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

**23. Number of children of this mother: (a) At time of birth and including this child**

2

**(b) Born alive and now living**

3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

**25. Attendant's**

**OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of Nevada } ss.  
County of Clark

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mather of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that James J. Parker, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Susana Clark Signature  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

(SEAL)

Notary Public, residing at \_\_\_\_\_

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on \_\_\_\_\_

MAR 12 1942

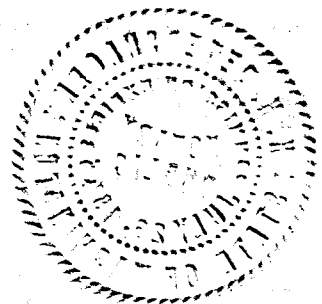
by Mary E. Fisher Registrar.



### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

336227

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>River Road</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>River Road</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
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<b>4. FULL NAME OF CHILD</b> <u>George Willets</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Aug. 23, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>No</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Frederick Charles Willets</u>		<b>16. FULL MAIDEN NAME</b> <u>Rose Florence Brinson</u>	
<b>11. Color</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>30</u> yrs.	<b>17. Color</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>28</u> yrs.
<b>13. Birthplace</b> <u>Monroe, Michigan</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Denver, Colorado</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Sign Painter</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Painting Contractor</u>		<b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

<b>25. Attendant's OWN signature</b>	<b>M.D. Midwife</b>	<b>Address</b>	<b>Date</b>
State of <u>California</u> County of <u>Orange</u> } ss.	<b>AFFIDAVIT</b> to be completed when the attendant does not sign in Item 25.		

I, the undersigned, being first duly sworn, say that I am the brother.....of the person whose name appears in Item 4, above, that I am now 48.....years of age, that I have known this person for 44.....years, and that Dr. C. C. Wilson....., who attended this birth is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Edward Willets Signature  
512 East Whiting Place Fullerton, Calif. P. O. Address

Subscribed and sworn to before me this 26 day of February, 1942  
(SEAL) Dr. C. C. Wilson Notary Public, residing at Fullerton, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code)

Received for filing on MAR 5 1942 by W. J. Smith Registrar.

MAR 17 1948

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 706-014 551

336257

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Canyon (b) City Payette  
(c) Street Address or R.F.D. No. 6th St  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**4. FULL NAME OF CHILD** Frank Harold Branham

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Ephraim Frank Branham  
11. Color White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Payette  
(d) Street Address or R.F.D. No. 6th Street

(e) How long has MOTHER lived in Idaho? 42 yrs.

**3. RESIDENCE OF FATHER** (city, state) Payette Idaho

5. Date of Birth of Child (Month, day, year) April 6-1897

8. No. months of Pregnancy 9 9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anna Belle Neal  
17. Color White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Payette Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child, one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 A.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Jessie E. Williams who is related to this child as aunt (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that C. M. Seeth who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie E. Williams Signature  
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.  
(SEAL) Baroness White Notary Public, residing at Payette, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Marj 26 Registrar.

MAR 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359-120-025-659

336484

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City Cottonwood  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 10 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City Cottonwood  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 47 yrs.

**4. FULL NAME OF CHILD**

John HENRY TERHAAR

6. Sex MALE

7. Twin or Triplet n

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**10. FULL NAME**

Geo. J. TERHAAR

11. Color White 12. Age at time of THIS birth 25 yrs.  
13. Birthplace New Munich, Minn.  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

MARY E. WEISER

17. Color White 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Leontopolis, Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation Agriculture Housing  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 A. M. on the date (Born alive, stillborn)  
and at the place stated above and that personal particulars were furnished by Geo. J. Terhaar, who is related to this child as Father (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address Date

State of Idaho County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother & father of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 40 years, and that Dr. John J. Terhaar who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May E. Terhaar Geo. J. Terhaar  
Cottonwood, Idaho Signature P. O. Address

Subscribed and sworn to before me this

7 day of March, 1942

(SEAL)

Felix H. Hunsinger Notary Public, residing at Cottonwood, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Marion Terhaar Registrar.



MAR 19 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463 215040-265

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **336507**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Shoshone (b) City Burke  
(c) Street Address or R.F.D. No. Main St  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay BEFORE delivery: BORN IN U.S.A  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State IDaho (b) County Shoshone  
(c) City BURKE  
(d) Street Address or R.F.D. No. Main St  
(e) How long has MOTHER lived in Idaho? ? yrs.

**3. RESIDENCE OF FATHER** (city, state) BURKE Ida

**4. FULL NAME OF CHILD**

MARY CELINDA DALAN

**5. Date of Birth of Child**

(Month, day, year) FEB 15-1897

**6. Sex**

Female

**7. Twin or Triplet**

If so—born  
1st, 2nd, 3rd

**8. No. months of Pregnancy**

9

**9. Legitimate?** Geo

**FATHER OF CHILD**

**10. FULL NAME**

Joseph Richard Dalan

**11. Color or Race**

White

**12. Age at time of THIS birth**

27 yrs.

**13. Birthplace**

Yorkshire

(City or town) (State or foreign country)

**14. Exact Occupation**

Ship Boss

**15. Industry or Business**

Trining

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Agnes Bonnin

**17. Color or Race**

White

**18. Age at time of THIS birth**

19 yrs.

**19. Birthplace**

Ontonagon Mich

(City or town) (State or foreign country)

**20. Exact Occupation**

Housewife

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** None

**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) 4 now alive and now living

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

**25. Attendant's**

**OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of.....  
County of..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that (Mother, etc.)

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mabel J. Fisher, Registrar.

**MAR 19 1942**

**DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413 127 029 556

336524

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery: 9 years 9 months 9 days  
**IN THIS county**
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Ralph Matthews
5. Date of Birth of Child  
(Month, day, year) June 27, 1897
6. Sex Male 7. Twin or Triplet    If so—born 1st, 2nd, 3rd    8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD                                     |  | MOTHER OF CHILD  |   |
|---|--|--|---|
| 10. <b>FULL NAME</b> <u>Winfield Scott Matthews</u> | 16. <b>FULL MAIDEN NAME</b> <u>Belle J. Newell</u> | 11. Color <u>White</u>   | 17. Color <u>White</u>  |
| 12. Age at time of THIS birth <u>49</u> yrs.        | 18. Age at time of THIS birth <u>38</u> yrs.       | 13. Birthplace <u>Red Rock Iowa</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Pontiac Illinois</u><br>(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u>                  | 20. Exact Occupation <u>Housewife</u>              | 15. Industry or Business <u>  </u>   | 21. Industry or Business <u>  </u>  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....  
State of Washington County of San Juan } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 44 years, and that Winfield Scott Matthews who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of March, 1942  
(SEAL) Harold J. Felt Notary Public, residing at Penniman  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

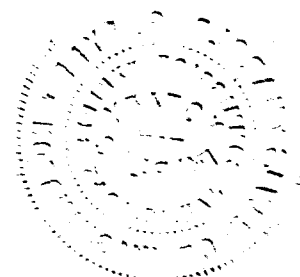
Received for filing on MAR 14 1942 by Marl J. Felt, Registrar.

WAR 2000

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 336754  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. Rural  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME  
OF CHILD

Annie Laura Rivers

5. Date of Birth of Child

(Month, day, year) Dec 13-1897

6. Sex Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL  
NAME George A. Rivers

11. Color White 12. Age at time  
or Race of THIS birth 36 yrs.

13. Birthplace Water Town, New York State  
(City or town) (State or foreign country)

14. Exact  
Occupation Farmer

15. Industry or  
Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME Addie M. Perkins

17. Color White 18. Age at time  
or Race of THIS birth 31 yrs.

19. Birthplace Kalamazoo, Michigan  
(City or town) (State or foreign country)

20. Exact  
Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 6 A.M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Addie M. Perkins-Rivers, who is  
related to this child as mother  
(First name) (Last name)

25. Attendant's

OWN signature Addie M. Perkins

M.D. Mother.

Widwife

Address

Date

State of Arizona  
County of Muskegon } ss.

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
in Item 4, above, that I am now 75 years of age, that I have known this person for Life years, and that  
my John Houghton who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Addie M. Perkins-Rivers Signature

my Commission Expires 1/26/44 4117 - No 12th St. Phoenix, Ariz. P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942

(SEAL)

Notary Public, residing at Phoenix, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 18 1942

by

Mary E. G. G. G.

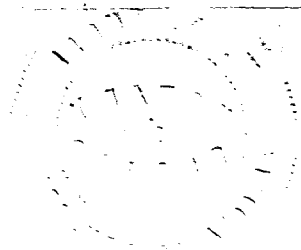
Registrar.

MAR 20 1911

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 336873  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Taylor  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 8 years 2 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Taylor  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hereshel Dell Arave  
5. Date of Birth of Child (Month, day, year) Dec. 6, 1897

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>David Eli Arave</u>		16. FULL MAIDEN NAME <u>Mary Ann Fowles</u>	
11. Color <u>white</u> or Race <u>white</u>	12. Age at time of THIS birth <u>36</u> yrs.	17. Color <u>white</u> or Race <u>white</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Uinta, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Hooper, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Bingham

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all his life years, and that Eliza Jemmett who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of March, 1942.  
(SEAL) Shelley, Idaho Signature Mary Ann Arave  
Notary Public, residing at Idaho Falls, Idaho, RFD 3 P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary Ann Arave Registrar.



MAR 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343-107028-249

336930

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 336930  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Kootnai (b) City Athal  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
At Mrs. S.A. Hall  
(e) Mother's stay BEFORE delivery:  
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Kootnai  
(c) City Athal  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 5 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Lakeview, Ida.

4. **FULL NAME OF CHILD** Archibald Calgrave Luther  
6. Sex Male 7. Twin or Single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child  
(Month, day, Sept. 7, 1927)  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Asaph Colegrove Luther  
11. Color White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Providence, Rhode Island  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business Mining

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Ann Louisa Smith  
17. Color White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Smithland, Nebraska  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know if any.  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN signature** Dr. Wentz **M.D.** **Midwife** **Address** **Date**  
State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Okanogan

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Dr. Wentz, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Louisa Smith

Signature  
P. O. Address

Subscribed and sworn to before me this 12th day of March, 1927  
(SEAL) [Signature] Notary Public, residing at Winthrop, Washington  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Marjorie E. [Signature] Registrar.

MAY 16 1947

MAY 26 1947

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-230 006-363

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **336961**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>3 miles out</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>10</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>3 miles out</u> (e) How long has MOTHER lived in Idaho? <u>10 mo. yrs.</u>	
<b>4. FULL NAME OF CHILD</b> <u>Lois Olean Thompson</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Idaho Falls, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Oct 30, 1897</u> 8. No. months of Pregnancy <u>9 mo.</u> 9. Legitimate? <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>George H. Thompson</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>27 yrs.</u> <b>13. Birthplace</b> <u>near Grand Junction, Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Jessie Milbrina Lockard</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>21 yrs.</u> <b>19. Birthplace</b> <u>Bureau County, Ill.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at                      M. on the date                       
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by Mrs. Geo. H. Thompson who is related to this child as mother  
 (First name) (Last name)  
 (Mother, etc.)

25. Attendant's OWN signature                      M.D.                      Address                      Date                       
 Midwife

State of Montana } ss.                       
 County of Lake }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 49 years, and that Mrs. M. Bybee who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs. Geo. H. Thompson) Signature  
Jessie M. Lockard P. O. Address

Subscribed and sworn to before me this 14 day of March, 19 42  
 (SEAL) Notary Public Notary Public, residing at Palson Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary H.                      , Registrar.

MAR 3 1 1944

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED  
MAR 3 1 1944  
VITAL STATISTICS  
IDAHO

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **336978**  
Local Reg. No. ....  
Reg. Dist. No. ....

**MAR 23 1942**

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Boise (b) City Centerville  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Boise  
(c) City Centerville  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 2 yrs.

**4. FULL NAME OF CHILD** Ernest Bruce Wells

**5. Date of Birth of Child**  
(Month, day, year) Aug. 7, 1897

**6. Sex** Male **7. Twin or Triplet** None **If so—born** 1st, 2nd, 3rd

**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** John I. Wells  
**11. Color or Race** White **12. Age at time of THIS birth** 31 yrs.  
**13. Birthplace** Iowa  
(City or town) (State or foreign country)  
**14. Exact Occupation** Lumberman  
**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jennie E. Garrett  
**17. Color or Race** White **18. Age at time of THIS birth** 32 yrs.  
**19. Birthplace** Pennsylvania  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Idaho } ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4 above, that I am now 50 years of age, that I have known this person for 44 years, and that Dr. Garfield who attended this birth Deceased I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23 day of March, 1942.  
(SEAL) Albert Dora Wheeler Signature  
1219 Leadville Pl. Boise Ida P. O. Address  
Notary Public, residing at Boise, Idaho

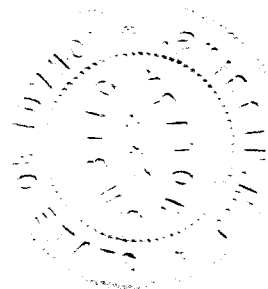
Received for filing on **MAR 23 1942** by Marj E. Elder, Registrar.

MAR 23 1962

### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH** **MAR 21 1942**  
**STATE OF IDAHO**

State File No. **337961**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Near Kooskia</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Born in Home Near Kooskia</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 4 years 1 months days</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Near Kooskia</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Marvin Jennings Norberg</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Near Kooskia, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>June 25, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>NO</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Charles Aurthur Norberg</u>		<b>16. FULL MAIDEN NAME</b> <u>Lille Belle Estes</u>	
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>28</u> yrs.	<b>17. Color or Race</b> <u>Wh</u>	<b>18. Age at time of THIS birth</b> <u>23</u> yrs.
<b>13. Birthplace</b> <u>Washington</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Pomeroy Washington</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Logging</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Logging Laborer</u>		<b>21. Industry or Business</b> <u>Housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>28. Number of children of this mother:</b> (a) At time of birth and including this child <u>3rd</u> . (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....  
State of Montana ..... **AFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Lake ..... ss. ....

I, the undersigned, being first duly sworn, say that I am the we are parents ..... of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for all his life years, and that Dr. Fugate ..... who attended this birth is now deceased I further state that (First name) (Last name) our (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of March, 1942.  
(SEAL) Notary Public ..... Notary Public, residing at Ronan, Montana .....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Residing at Ronan, Montana  
Received for filing on Mar 21 1942 Commission expires July 13th, 1942 by Marvin H. Fisher Registrar.



MAR 25 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **337979**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Western  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: -at home  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Western  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? Always yrs.

3. **RESIDENCE OF FATHER** (city, state) Western Idaho  
5. Date of Birth of Child  
(Month, day, year) June 12<sup>th</sup> 1893

4. **FULL NAME OF CHILD** Hazel Lavrene Hoopes  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Charles Wyle Hoopes  
11. Color or Race White 12. Age at time of THIS birth 21 yrs.  
13. Birthplace Western Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Nelson  
17. Color or Race White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Western Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known at that time  
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Six

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.  
County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....65.....years of age, that I have known this person for.....44.....years, and that.....Elizabeth Blake....., who attended this birth.....Deceased..... I further state that (Is now deceased) or (Cannot be located)  
(First name) (Last name)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....17th.....day of.....March.....1942  
(SEAL).....Mary Hoopes.....Signature  
.....Resburg, Idaho.....O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-2114 Idaho Code, Annotated)  
Notary Public, residing at.....Colville, Calif......  
My Commission Expires July 30, 1945

Received for filing on.....MAR 19 1942.....by.....Mary Hoopes.....Registrar.

MAR 25 1912

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **338348**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Lemhi (b) City Salmon  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1 years 7 months    days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Lemhi  
(c) City Salmon  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 1/7/12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Salmon, Ida.

**4. FULL NAME OF CHILD** Albert Marion Huffman

**5. Date of Birth of Child**  
(Month, day, year) Jan. 31, 1897

**6. Sex** male **7. Twin or Triplet**    **If so—born** 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME** Albert Lee Huffman  
**11. Color or Race** white **12. Age at time of THIS birth** 41 yrs.  
**13. Birthplace** Wabash Co. Ill.  
(City or town) (State or foreign country)  
**14. Exact Occupation** Teamster  
**15. Industry or Business** Teamster

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mary Ellen Hickman  
**17. Color or Race** white **18. Age at time of THIS birth** 33 yrs.  
**19. Birthplace** Wynona Minn.  
(City or town) (State or foreign country)  
**20. Exact Occupation** House-wife  
**21. Industry or Business**   

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** Borao Acid  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's**  
**OWN signature** Idaho **M.D.**     
**Midwife**    **Address**    **Date**   

State of Idaho  
County of Lemhi } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 45 years, and that Dr. Geo. Kinney is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Lee Huffman Signature  
Salmon, Idaho. P. O. Address

Subscribed and sworn to before me this 20th. day of March, 19 42  
(SEAL) W. W. Hammond Notary Public, residing at Salmon, Idaho  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Maud Z. E. E. E. Registrar.

3-10-17  
MAY 27 1918

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

623-116629-168

338351

United States (Be sure the information is as of date of birth of THIS child) State File No. 338351  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah (b) City Troy  
(c) Street Address or R.F.D. No. # 2  
(d) Name of Hospital or Maternity Home: home  
(e) Mother's stay BEFORE delivery: IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Troy, Idaho  
(d) Street Address or R.F.D. No. # 2  
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho  
5. Date of Birth of Child (Month, day, year) SEPT. 16 1897

4. FULL NAME OF CHILD ALBERT NATHAN OSTERBERG  
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME CHARLEY WILLIAM OSTERBERG 16. FULL MAIDEN NAME ALMA JOHNSON  
11. Color WHITE 12. Age at time of THIS birth 34 yrs. 17. Color White 18. Age at time of THIS birth 36 yrs.  
13. Birthplace Sweden (City or town) (State or foreign country) 19. Birthplace SWEDEN (City or town) (State or foreign country)  
14. Exact Occupation FARMING 20. Exact Occupation HOUSEWIFE  
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 11 P. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by myself, who is related to this child as father (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Chas. Egan M.D. Chas. Egan Address Troy, Idaho Date 3-19-42  
State of IDAHO ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
County of LATAH

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that no Doctor or Midwife attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of March, 19 42.  
(SEAL) Chas. Egan Notary Public, residing at Troy, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mabel Beeler Registrar.

FEB 21 1974

MAR 8 1974

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **338356**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City Pollock  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Name of Hospital or Maternity Home: Born at home on Rapid River,  
(e) Mother's stay **BEFORE** delivery: Idaho  
IN THIS county 8 years  months  days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Pollock  
(d) Street Address or R.F.D. No. R.F.D.  
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Pollock, Idaho

4. **FULL NAME OF CHILD** William Russell Smith  
5. Date of Birth of Child  
(Month, day, year) Sept. 3, 1897
6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** George Warren Smith  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Rogue River, Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sadie Zora Sprague  
17. Color White 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Bozeman, Montana  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)
25. Attendant's **OWN** signature Washington M.D. Address Date  
Snohomish Midwife

State of.....Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of.....Snohomish

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for.....years, and that Mrs. Denney who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)  
(First name) (Last name)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie Zora Sprague now Lay Signature  
2223 Lakes Avenue, Everett, Wn. P. O. Address  
Subscribed and sworn to before me this 17th day of March, 1942.  
(SEAL) Clarence E. ... Notary Public, residing at Everett, Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel E. ... Registrar.



MAR 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-222-222-249

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **338468**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fremont (b) City Sand Creek  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Born at Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 18 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Sand Creek  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 58 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Sand Creek Ida.

4. **FULL NAME OF CHILD** Mary Melissa Smith  
7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

5. Date of Birth of Child  
(Month, day, year) 1-22 1927

6. Sex Female 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Arthur Smith  
11. Color W 12. Age at time of THIS birth 39 yrs.  
13. Birthplace Brampton, Derby, England  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Cytha Ellen Smith  
17. Color W 18. Age at time of THIS birth 34 yrs.  
19. Birthplace FARMINGTON DAVIS Co. Utah  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum N.P.P.  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Idaho ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that Melissa Higbee who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cytha Ellen Smith Smith Signature  
Burley Cassia Co. Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1927  
(SEAL) Notary Public Notary Public, residing at Burley Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

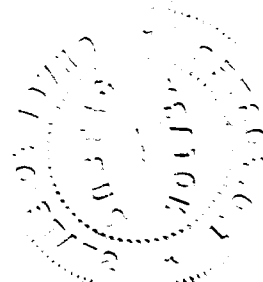
Received for filing on MAR 24 1942 by Mary Higbee Registrar.

MAR 31 1911

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



271-124,001-523

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **8338472**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Bear Lake (b) City Single  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: own home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Bear Lake  
(c) City Single  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 14 yrs

**3. RESIDENCE OF FATHER** (city, state) Single Idaho

**4. FULL NAME OF CHILD**

John Henry Sparks

**6. Sex**

Male

**7. Twin or Triplet**

If so—born  
1st, 2nd, 3rd

**8. No. months of Pregnancy**

9

**9. Legitimate?**

yes

**10. FULL NAME**

John Albert Sparks

**11. Color or Race**

White

**12. Age at time of THIS birth**

32 yrs.

**13. Birthplace**

Clarkston Utah

**14. Exact Occupation**

Farmer

**15. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

**23. Number of children of this mother:** (a) At time of birth and including this child three (b) Born alive and now living three

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was .....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

**25. Attendant's**

**OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of Idaho  
County of Gooding } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 45 years, and that Jane Sparks is now deceased who attended this birth. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23 day of

(SEAL)

Mary J. Rostron Signature

Box 161 Gooding, Idaho P. O. Address

March 1942

Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mabel E. Fisher Registrar.

MAR 31

1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396-113-040-689

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **338493**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Shoshone (b) City Wallace  
(c) Street Address or R.F.D. No. Carter House  
(d) Name of Hospital or Maternity Home: Carter House  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Wallace  
(d) Street Address or R.F.D. No. Carter House  
(e) How long has MOTHER lived in Idaho? 2 yrs.  
3. RESIDENCE OF FATHER (city, state) as above

4. FULL NAME OF CHILD Elmer Lorraine Crosthwaite

5. Date of Birth of Child  
(Month, day, year) June 13, 1897.

6. Sex Male 7. Twin or Triplet No If so—born live

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Milton Crosthwaite  
11. Color White 12. Age at time of THIS birth 51 yrs.  
13. Birthplace Canton Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Hotel Proprietor  
15. Industry or Business Hotel

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Elizabeth White  
17. Color White 18. Age at time of THIS birth 39 yrs.  
19. Birthplace Valparaiso Ind.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.  
County of Alameda

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 44 years, and that Unknown at this time, who attended this birth Can not locate I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie B. Crosthwaite Signature  
596-28th St., Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 20 day of March, 1941

(SEAL)

Notary Public residing at Oakland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary E. Fisher Registrar.

MAR 31 1962

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **338509**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (At time of this birth)

(a) County **Nez Perce** (b) City **Lewiston**  
(c) Street Address or R.F.D. No. **None**  
(d) Name of Hospital or Maternity Home: **None**

(e) Mother's stay BEFORE delivery:

IN THIS county **18** years **0** months **0** days

**4. FULL NAME OF CHILD**

**Robert Gordon Harrington**

6. Sex

**Male**

7. Twin or Triplet

**IV**

If so—born 1st, 2nd, 3rd

**IV**

8. No. months of Pregnancy

**9**

9. Legitimate?

**Yes**

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Nez Perce**  
(c) City **Lewiston**  
(d) Street Address or R.F.D. No. **IV**

(e) How long has MOTHER lived in Idaho? **18** yrs.

**3. RESIDENCE OF FATHER** (city, state)

**Idaho**

5. Date of Birth of Child

(Month, day, year) **Mar 7, 1897**

**FATHER OF CHILD**

**10. FULL NAME**

**Ellsworth M. Harrington**

11. Color or Race

**White**

12. Age at time of THIS birth

**26** yrs.

13. Birthplace

**State of Minn.**

(City or town)

(State or foreign country)

14. Exact Occupation

**Lumber business**

15. Industry or Business

**Saw Mill & Lumber Yard**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

**Annie Helsol**

17. Color or Race

**White**

18. Age at time of THIS birth

**22** yrs.

19. Birthplace

**San Francisco, Calif.**

(City or town)

(State or foreign country)

20. Exact Occupation

**Housewife**

21. Industry or Business

**Same.**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

**2**

(b) Born alive and now living **2**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** ss.  
County of **Nez Perce**

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that

..... who attended this birth ..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Subscribed and sworn to before me this

**23** day of

**Mar.** 19 **42**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

**Annie E. Harrington**  
**Lewiston, Idaho**

Signature

P. O. Address

**John R. Phillips**

Notary Public, residing at **Lewiston**

Received for filing on

**MAR 23 1942**

by

**Mar. Keeler**

Registrar.

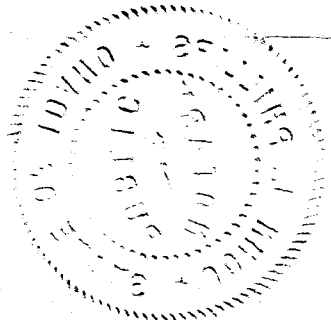


MAR 21 1937

### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-202-226-419

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **338639**

Local Reg. No.

Reg. Dist. No.

<b>1. PLACE OF BIRTH:</b> (a) County <u>Jefferson</u> (b) City <u>Lewisville</u> (c) Street Address or R.F.D. No. <u>rural</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		<b>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</b> (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Lewisville</u> (d) Street Address or R.F.D. No. <u>rural</u> (e) How long has MOTHER lived in Idaho? <u>27</u> yrs. (f) Mother's mailing address: <b>3. RESIDENCE of FATHER (city, state):</b>	
<b>4. FULL NAME OF CHILD</b> <u>Elsie Maud Taylor</u>		<b>5. Date of Birth</b> (Month, day, year) <u>Jan. 2, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>single</u> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Albert Taylor</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>Ogden Utah</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Susan Elizabeth Marler</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>32</u> yrs. <b>19. Birthplace</b> <u>Huntsville, Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> <u>none</u> <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>10</u> (c) Born alive and now dead <u>2</u> (d) Stillborn <u>1</u>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>alive</u> at <u>6 a.m.</u> M. on the date and at the place stated above, and that personal particulars were furnished by <u>Albert Taylor</u> , who is related to this child as <u>father</u> (First name) (Last name) (Mother, etc.)			
<b>26. (a)</b> <u>MAR 25 1942</u> (Date received) <b>(b)</b> <u>Albert Taylor</u> (Registrar's signature)		<b>25. Attendant's OWN signature</b> _____ M.D. (D.O., Midwife, etc.)	
<b>27. Given name added on</b> _____ by _____ (Registrar's signature)		<b>and address</b> _____ <b>Date</b> _____	

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie Maud Taylor, being first duly sworn, say that I am related to father (Related to (or) as \_\_\_\_\_), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grandma Fox (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature Albert Taylor  
112 E. Plymouth Street, Long Beach, P.O. Address \_\_\_\_\_ Calif.  
Subscribed and sworn to before me on this 4th day of March 1942  
(SEAL) \_\_\_\_\_ Notary Public, residing at Long Beach, Calif.  
Commission Expires June 1944

MAR 30 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

194-108014-761

338682

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Canyon (b) City Payette  
(c) Street Address or R.F.D. No. no R.F.D.  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 3 years 4 months  days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City in the Country  
(d) Street Address or R.F.D. No. No. R.F.D.  
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho  
5. Date of Birth of Child  
(Month, day, year) Feb'y. 28, 1897

4. **FULL NAME OF CHILD** John Richard Jimerson
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** John Richard Jimerson  
11. Color white 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Marion County, Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation School Teacher  
15. Industry or Business Highschool Teacher
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lucy Mary Goad  
17. Color white 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Pennsylvania County, Virginia  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was  at  M. on the date   
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by , who is related to this child as   
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature  M.D.  Address  Date   
State of Idaho City of Payette } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 35 years, and that Dr. J. E. Hosmer, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of March 1942  
(SEAL)  Notary Public, residing at Payette, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by  Registrar.

MAR 30 1947

APR 3 1952

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED  
 OCT 24 1956

DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. 838750  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth George James Armstrong				2. Date (month) (day) (year) Of Birth August 16 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Latah		b. City or Town of Birth Moscow		
FATHER	6. Full Name of Father James Sylvester Armstrong				7. State or Country of Father's Birth Utah		
MOTHER	8. Full Maiden Name of Mother Eva Etta Hyde				9. State or Country of Mother's Birth Sioux Falls, South Dakota		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>George James Armstrong</i>		11. Present Address of Registrant 122 Jimmy Lane Medford Ore
NOTARY (Seal)	Subscribed and sworn to before me on October 18th 1956		12. Signature of Notary <i>Edith Harwood</i> My Com. Expires 5/18/60		13. Notary Commission expires May 18 1956		

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by Mother		By whom issued and signed Eva E. Armstrong		Date issued October 26, 1956	Date Orig. Entry
	Date of Birth August 16, 1897	Birth Place Moscow, Idaho	Full Name of Mother Eva Etta Hyde		Name of Father James Sylvester	
SUPPORTING RECORD 2.	Type of Document Military Record		By whom issued and signed United States Army Chas H. Perkins-Capt.		Date issued	Date Orig. Entry July 29, 1918
	Date of Birth Age 20	Birth Place Moscow, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Return of Marriage		By whom issued and signed Jackson County Medford, Oregon		Date issued Dec. 31, 1956	Date Orig. Entry July 2, 1922
	Date of Birth age 24	Birth Place Idaho	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W W Benson</i>		Evidence reviewed by VW Shirley Straubhar			Date Filed Jan. 4, 1957

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 7 1957



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **338750**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City MOSCOW  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN **THIS** county 27 years 1 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City MOSCOW  
(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) MOSCOW, Idaho.

5. Date of Birth of Child  
(Month, day, year) August 16, 1898

**4. FULL NAME OF CHILD** GEORGE JAMES ARMSTRONG

6. Sex Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Sylvester Armstrong  
11. Color White 12. Age at time of THIS birth 25 yrs.  
13. Birthplace Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Famer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eva Etta Hyde  
17. Color White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Sioux Falls, South Dakota.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewifery

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon  
County of Jackson } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... Mother ..... of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that

Laura Willoughby Burk who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Etta Hyde Armstrong Signature  
Jacksonville Star Rt., Box 98, P. O. Address  
Medford, Oregon

Subscribed and sworn to before me this 24th day of March, 1942.

(SEAL) Edith L. Thompson Notary Public, residing at Medford, Oregon.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 11-912, Idaho Code Annotated.)

Received for filing on ..... by Mabel J. Fisher Registrar.

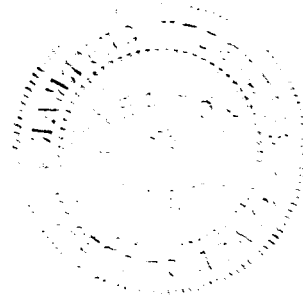


OCT 3 1962

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

State File No. **338798**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Nez Perce (b) City Heater, Idaho  
(c) Street Address or R.F.D. No. Craigmont  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery:  
IN THIS county years 9 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nez Perce  
(c) City Idaho  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 46 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

5. Date of Birth of Child  
(Month, day, year) March 4 - 1897

**4. FULL NAME  
OF CHILD**

Toddie Leach Brown Eastman

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Eli Asbury Leach  
11. Color White 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Greenview, Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lucinda Smith  
17. Color White 18. Age at time of THIS birth 42 yrs.  
19. Birthplace Eagleville, Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho ss.  
County of Lewis

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for her whole life years, and that my husband, E. Leach, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda Leach Signature  
Craigmont Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March, 1942  
(SEAL) Thos. Madden Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

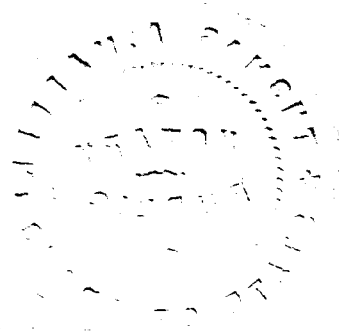
Received for filing on MAR 25 1942 by Mabel Z. Leach Registrar.

MAR 31 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-201-240-795

338973

United States (Be sure the information is as of date of birth of THIS child) State File No.  
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
 Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
 (a) County...Shoshone..... (b) City...Wardner.....  
 (c) Street Address or R.F.D. No.....  
 (d) Name of Hospital or Maternity Home:  
in own residence  
 (e) Mother's stay BEFORE delivery:  
 IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
 (a) State...Idaho..... (b) County...Shoshone.....  
 (c) City...Wardner.....  
 (d) Street Address or R.F.D. No.....  
 (e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Idaho

4. FULL NAME OF CHILD...Henrietta McLaughlin.....  
 5. Date of Birth of Child (Month, day, year) Jan. 1, 1897  
 6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Michel McLaughlin  
 11. Color White 12. Age at time of THIS birth 45 yrs.  
 13. Birthplace...North Dakota.....  
 (City or town) (State or foreign country)  
 14. Exact Occupation...Mine Worker  
 15. Industry or Business

16. FULL MAIDEN NAME Katherine Gresser  
 17. Color White 18. Age at time of THIS birth 23 yrs.  
 19. Birthplace...St. Louis, Neb......  
 (City or town) (State or foreign country)  
 20. Exact Occupation...Housewife  
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child...2..... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is  
 related to this child as.....  
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date  
 State of...Washington.....  
 County of...Asotin..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now...68.....years of age, that I have known this person for.....years, and that  
Dr. Mason....., who attended this birth.....is now deceased..... I further state that  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Gresser Signature  
Clarkston, Ida. P.O. Box 14 P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942.  
 (SEAL) Notary Public, residing at Clarkston  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

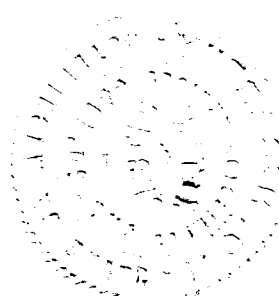
Received for filing on MAR 30 1942 by Mary A. [Signature] Registrar.

APR 1 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

269-217-004-155

339271

339271

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Beauregard</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Residence.</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Beauregard</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ether Sorenson.</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>10-17-1897</u>	
<b>6. Sex</b> <u>Female.</u>	<b>7. Twin or Triplet</b> <u>      </u> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Soren Peter Sorenson.</u> <b>11. Color or Race</b> <u>W. Denmark</u> <b>12. Age at time of THIS birth</b> <u>4-8</u> yrs. <b>13. Birthplace</b> <u>Denmark</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer.</u> <b>15. Industry or Business</b> <u>Farmer.</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Margaret Jensen.</u> <b>17. Color or Race</b> <u>W. Denmark</u> <b>18. Age at time of THIS birth</b> <u>34</u> yrs. <b>19. Birthplace</b> <u>Denmark</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife.</u> <b>21. Industry or Business</b> <u>House Wife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child..... (b) Born alive and now living.....			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature**.....**M.D.**.....**Address**.....**Date**.....  
Midwife

State of Idaho  
County of Bear Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Personal Friend of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for 40 years, and that Dr. Ole Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred L. Grunshaw Signature  
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 6 day of March, 1942.  
(SEAL) Sherrill A. Houghton Notary Public, residing at Montpelier, Ida.  
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary Elder Registrar.

APR 3 1942

MAY 16 1975

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **339314**  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

APR 4 1942

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county years 10 months days

**4. FULL NAME OF CHILD**

Gladys E. Oberchain

6. Sex

7. Twin or Triplet X

If so, born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate?

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Ida

5. Date of Birth of Child (Month, day, year) Sept. 18 - 97

**FATHER OF CHILD**

**10. FULL NAME**

James Oberchain

**11. Color or Race**

White

**12. Age at time of THIS birth**

28 yrs.

**13. Birthplace**

Laport Colorado

**14. Exact Occupation**

Farmer

**15. Industry or Business**

Farmer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lidia C. Jensen

**17. Color or Race**

White

**18. Age at time of THIS birth**

29 yrs.

**19. Birthplace**

Boise Idaho

**20. Exact Occupation**

House wife

**21. Industry or Business**

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that.....

Mrs Mary Halling (First name) (Last name), who attended this birth..... I further state that.....

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lidia C. Oberchain Signature  
Boise Idaho P. O. Address

Subscribed and sworn to before me this..... day of..... 1942

(SEAL)

R. H. McCoy

Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942 by Mary E. Eder, Registrar.



#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-125-014-212

339366

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 8 1942

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **339366**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Canyon (b) City Caldwell  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Caldwell  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 18 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Caldwell Idaho

**4. FULL NAME OF CHILD** Nathaniel Baker Siebenberg

5. Date of Birth of Child  
(Month, day, year) Sept. 25, 1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** William Henry Siebenberg  
**11. Color or Race** white **12. Age at time of THIS birth** 42 yrs.  
**13. Birthplace** Kastle Germany  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farming  
**15. Industry or Business** .....

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Ida May Baker  
**17. Color or Race** white **18. Age at time of THIS birth** 27 yrs.  
**19. Birthplace** Clinton Iowa  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** M.D. Midwife Address Date

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Dr. Isham, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Siebenberg Signature  
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942  
(SEAL) Marion E. Fox Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary Elder Registrar.

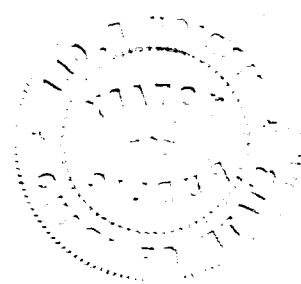
JAN 5 1976

APR 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419-131-035-863

339395

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (At time of this birth) (a) County <u>Key-Perce</u> (b) City <u>Costandish</u> (c) Street Address or R.F.D. No. <u>1 frame</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>6</u> months <u>0</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Key-Perce</u> (c) City <u>Costandish</u> (d) Street Address or R.F.D. No. <u>No</u> (e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Earl Noel Darrah</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Jan 31, 1897</u>	
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> <u>No</u> <b>If so—born 1st, 2nd, 3rd</b> <u>No</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Lindsay S Darrah</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>30</u> yrs. <b>13. Birthplace</b> <u>State of Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Sarah Hollingsworth</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>State of Neb.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>No</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date

State of Idaho County of Key-Perce ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mrs. Ferguson who attended this birth dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Darrah Signature  
Idaho P. O. Address  
 Subscribed and sworn to before me this 30 day of Mar. 1942  
 (SEAL) John H. Phillips Notary Public, residing at Idaho  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

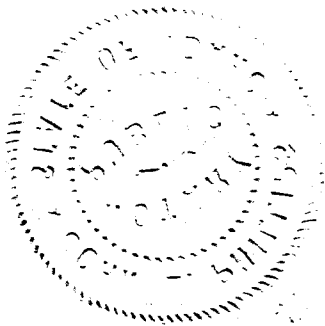
Received for filing on APR 1 1942 by Idaho Registrar.

APR 6 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian; or some person having direct knowledge in the premises.



339432

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Blackfoot  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home:  
at residence  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 12 years 8 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Blackfoot  
(d) Street Address or R.F.D. No. none  
(e) How long has **MOTHER** lived in Idaho? 17 yrs.  
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Amy Millicent Houck

5. Date of Birth of Child  
(Month, day, year) Dec. 5, 1897

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Houck  
11. Color White 12. Age at time of THIS birth 57 yrs.  
13. Birthplace Park Haven, Michigan  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business contractor & builder

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Abbie Williams  
17. Color White 18. Age at time of THIS birth 43 yrs.  
19. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6:00 A.M. on the date (Born alive, stillborn)  
and at the place stated above and that personal particulars were furnished by Abbie Houck, who is related to this child as Mother (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California County of Mesa ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 44 years, and that Mrs. Abbie Houck who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8th day of March, 1942  
(SEAL) W. H. Osborn Notary Public, residing at Idaho Falls, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

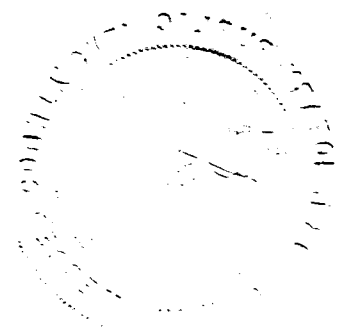
Received for filing on MAR 31 1942 by Mrs. J. E. ... Registrar.

APR 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



85-9-202-017-666

## PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

339496

County of Canyon  
City of Caldwell  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Ella Eliza Heinzman

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>July 12, 1907</u> (Month, Day, Year)
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9. Full name <u>Alfred Andrew Heinzman</u>	FATHER	18. Full maiden name <u>Lily Florence Wood</u>	MOTHER
---	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell, Ida.</u>
---	---

11. Color or race <u>white</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>22</u> (years)
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13. Birthplace (city or place) (State or Country) <u>South Bend, Indiana</u>	22. Birthplace (city or place) (State or Country) <u>Columbus Ohio</u>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work <u>3</u>		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 A. m. on the date above stated.  
 Father not present, no Physician, or Mid-wife (Born Alive or Stillborn)  
 When there was no attending physician or midwife, then the father, householder, etc., should make this return. Mother of child was all alone at time of birth.  
 Give name added from a supplemental report \_\_\_\_\_  
 (Date of) \_\_\_\_\_

(Signed) Mrs. Lily Florence Wood M. D.  
Bulawa Calif Mother

Address \_\_\_\_\_

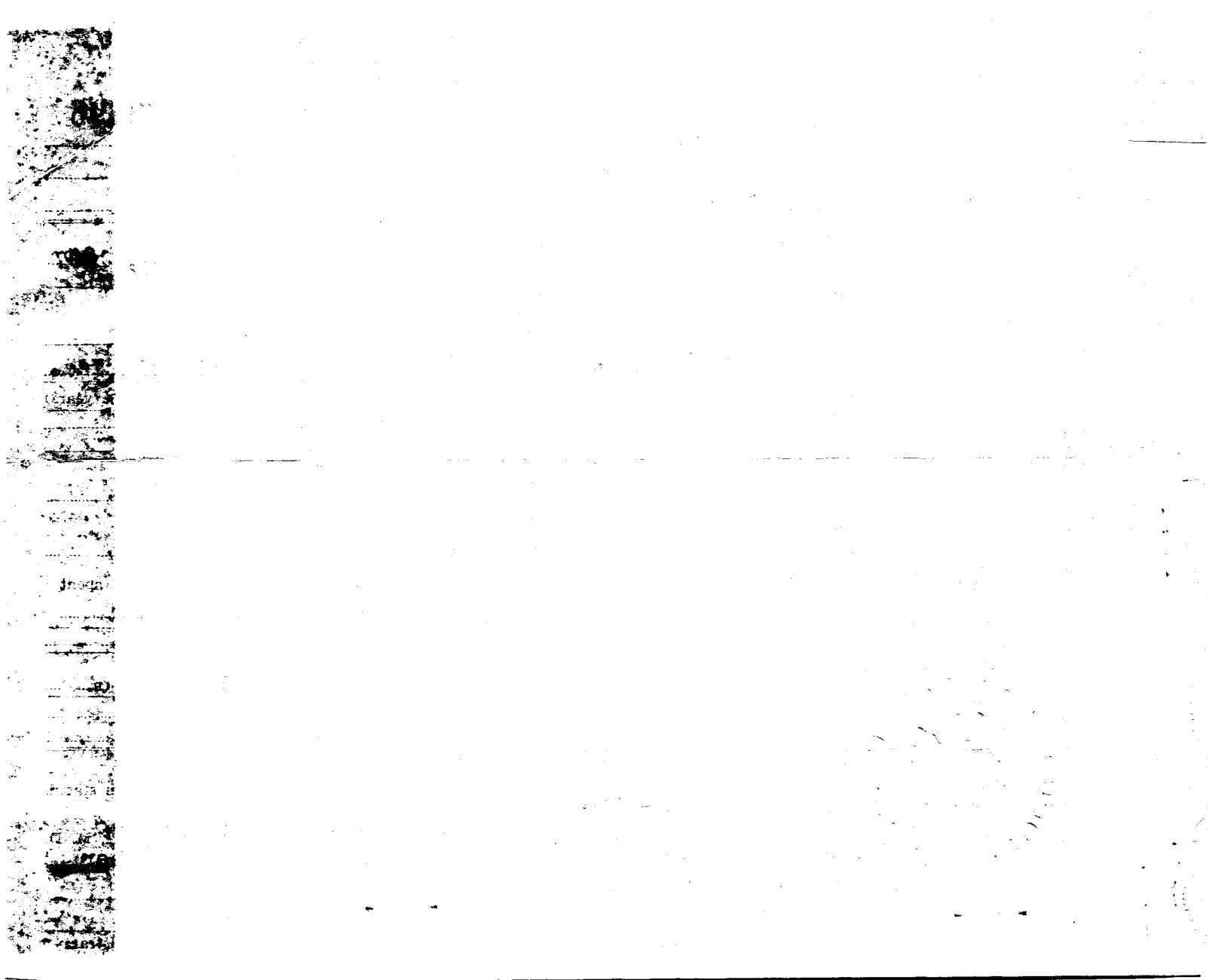
Filed APR 2 1908

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS / PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.





# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

### AFFIDAVIT

State of California } ss. (To accompany a certificate of an unreported birth  
County of Orange when such certificate is not attested by signature of  
attending physician or midwife.)

Mrs. Lily Florence Heinzman being first duly sworn says that  
she is the Mother of Ella Eliza Heinzman  
(Relationship of child)\*

born July 12-1897 at Caldwell, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said Ella Eliza Heinzman

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that there was no Doctor & No Midwife M. D. was the  
medical attendant at the birth of said Ella Eliza Heinzman Midwife  
and that  
the said medical attendant is \_\_\_\_\_

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Lily Florence Heinzman  
P. O. Address Balboa Calif

Subscribed and sworn to before me this 26th day of February, 1942

John E. Sadleir  
My Commission Expires May 31, 1944 Notary Public.  
Residing at Balboa, California

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 5 1960

STATE OF CALIFORNIA,

COUNTY OF Orange

} SS.

ON THIS 26th day of February, 1942, before me,

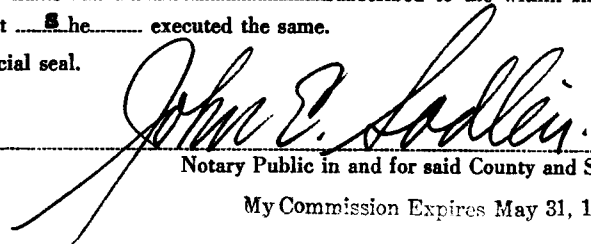
John E. Sadleir

a Notary Public in and for said County and State, personally appeared

Mrs. Lily Florence Heinzman

\_\_\_\_\_, known to me  
to be the person whose name is subscribed to the within Instrument,  
and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public in and for said County and State.

My Commission Expires May 31, 1944



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-209-221-155

339523

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County FRANKLIN (b) City Mink Creek  
(c) Street Address or R.F.D. No. 2nd St.  
(d) Name of Hospital or Maternity Home:  
.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county      years      months      days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County FRANKLIN  
(c) City Mink Creek  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) 5

**4. FULL NAME OF CHILD** ANNA JENSINE HANSEN  
**7. Twin or**      **If so—born**  
**6. Sex** Female      **Triplet**      **1st, 2nd, 3rd**

**5. Date of Birth of Child**  
(Month, day, year) Nov. 9, 1942  
**8. No. months of Pregnancy**      **9. Legitimate?** ✓

**FATHER OF CHILD**  
**10. FULL NAME** Niels HANSEN  
**11. Color or Race** White      **12. Age at time of THIS birth** 34 yrs.  
**13. Birthplace** Queen Beaten Denmark  
(City or town)      (State or foreign country)  
**14. Exact Occupation** FARMER  
**15. Industry or Business** —

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Jensine Petrona Jensen  
**17. Color or Race** White      **18. Age at time of THIS birth** 34 yrs.  
**19. Birthplace** Queen Beaten Denmark  
(City or town)      (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** —

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** —  
**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name)      (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**      **M.D.**      **Midwife**      **Address**      **Date**

State of Washington      ss.  
County of Franklin

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 44 years, and that Anna Jensen, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 2nd day of March, 1942  
(SEAL) E. R. Carter Notary Public, residing at Bellevue, W. Va.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

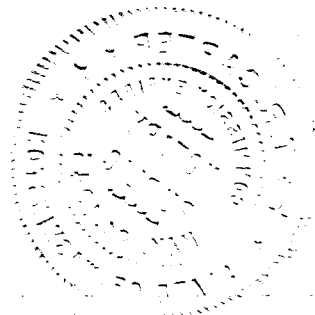
Received for filing on APR 1 1942 by Mabel E. Eberhart Registrar.

1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-224-001-276

339551

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: at home at 12 + Franklin St  
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days  
2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? / yrs.  
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Ruth Rebecca Stamper  
5. Date of Birth of Child (Month, day, year) 10-24-1897  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD  
10. FULL NAME Calvin Frank Stamper 16. FULL MAIDEN NAME Nettie Rachel Stott  
11. Color white 12. Age at time of THIS birth 31 yrs. 17. Color white 18. Age at time of THIS birth / yrs.  
13. Birthplace Boise, Idaho (City or town) (State or foreign country) 19. Birthplace Van Buren County, Iowa (City or town) (State or foreign country)  
14. Exact Occupation Photographer 20. Exact Occupation Housewife  
15. Industry or Business Operated own Studio 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓  
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was / at / M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by /, who is related to this child as / (First name) (Last name) (Mother, etc.)  
25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Multnomah } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Dr. J.W. Springer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Rachel England Signature  
4841 S.E. Sherman St., Portland P.O. Address  
Oregon

Subscribed and sworn to before me this 30th day of March, 1942.  
(SEAL) Edna H. Larson Notary Public, residing at Portland  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 2/4/45

Received for filing on MAR 9 1942 by Mary E. [unclear] Registrar.  
APR 1 1942



APR 7 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-121-016-864

339611

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Elba</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS county 14 years 10 months 9 days</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Elba</u> (d) Street Address or R.F.D. No..... (e) How long has <b>MOTHER</b> lived in Idaho? <u>14</u> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Elba, Idaho</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 21, 1897</u>	

<b>4. FULL NAME OF CHILD</b> <u>Alfred Malbourn Barker.</u>		<b>6. Sex</b> <u>Male</u>	
<b>7. Twin or Triplet</b>		<b>8. No. months of Pregnancy</b> <u>9 1/2</u>	
<b>9. Legitimate?</b> <u>Yes</u>		<b>10. Date of Birth of Child</b> (Month, day, year) <u>May 21, 1897</u>	

<b>FATHER OF CHILD</b> <b>11. FULL NAME</b> <u>Samul Henry Barker.</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Wellsville Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer, &amp; Stockman.</u> 15. Industry or Business		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Susan Eliza Homer</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Smithfield Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife.</u> 21. Industry or Business	
--	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (First name) (Last name)  
 (Mother, etc.)

25. Attendant's  
 OWN signature M.D. Midwife Address Date

State of Idaho County of Cassia } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....father.....of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that.....Rachel Cole....., who attended this birth.....dead..... I further state that.....  
 (First name) (Last name) (Is now deceased, or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Henry Barker Signature  
Elba Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 19 42  
 (SEAL) Henry W. Nichol Notary Public, residing at Burley, Idah  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Marj E. Baker Registrar.

APR 7 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-101-124682

339624

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bearlake</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay <u>BEFORE</u> delivery <u>IN THIS county</u> years <u>1</u> months <u>15</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bearlake</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No. <u>Gen. Del.</u> (e) How long has MOTHER lived in Idaho? <u>6 yrs.</u>	
<b>4. FULL NAME OF CHILD</b> <u>Walter Edward Rowe</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Montpelier Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 1, 1897</u>	
<b>6. Sex</b> <u>male</u>		7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd <u>1st</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Thomas Beveridge Rowe</u> <b>11. Color</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>32</u> yrs. <b>13. Birthplace</b> <u>Ontario, Canada</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>railroad fireman</u> <b>15. Industry or Business</b> <u>railroad</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Anna Wyss</u> <b>17. Color</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>26</u> yrs. <b>19. Birthplace</b> <u>Kanton Bern, Switzerland</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature**.....**M.D.**.....**Midwife**.....**Address**.....**Date**.....

State of Washington.....**AFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of Clallam.....**SS.**

I, the undersigned, being first duly sworn, say that I am the mother.....of the person whose name appears in Item 4, above, that I am now 70.....years of age, that I have known this person for 44.....years, and that Mrs. Hillyer....., who attended this birth is now deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Anna Rome.....Signature  
Route #2, Port Angeles, Wash. P. O. Address

Subscribed and sworn to before me this 30th day of March, 19 42  
 (SEAL) Anna C. Benedict.....Notary Public, residing at Port Angeles  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mrs. T. E. E. E. Registrar.

APR 7 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356-219-035-855

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **339628**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF BIRTH**

(a) County Negouse (b) City Forest  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN **THIS** county 3 years \_\_\_\_\_ month \_\_\_\_\_ days

**4. FULL NAME OF CHILD**

Ruth Augusta Jefft

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

**FATHER OF CHILD**

10. FULL NAME Bertram Walter Jefft

11. Color White 12. Age at time of THIS birth 30 yrs.

13. Birthplace Elgin Ill.  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business \_\_\_\_\_

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)

(a) State Idaho (b) County Negouse  
(c) City Forest  
(d) Street Address or R.F.D.No. \_\_\_\_\_

(e) How long has **MOTHER** lived in Idaho? 7 yrs.

(f) Mother's mailing address Forest

**3. RESIDENCE of FATHER** (city, state) Forest Idaho

5. Date of Birth Oct. 19, 1897  
(Month, day year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Catherine Hendrickson

17. Color White 18. Age at time of THIS birth 30 yrs

19. Birthplace Vancouver, Wash.  
(City or town) (State or foreign country)

20. Exact Occupation House keeper

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5  
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P. M. on the date (born alive ~~stillborn~~)

and at the place stated above, and that personal particulars were furnished by Catherine Hendrickson who is related to this child as mother (First name) (Last name)

**APR 3 1942**

26. (a) \_\_\_\_\_ (Date received) (b) \_\_\_\_\_ (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature Ellie G. Stevens

and address Manteca Calif Date March 27, 1942  
(Midwife, etc.)

State of \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, \_\_\_\_\_, being first duly sworn, say that I am \_\_\_\_\_ (Related to (or) acquainted with) \_\_\_\_\_ as \_\_\_\_\_, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended

said birth \_\_\_\_\_ (Name of attendant at birth)  
and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

(SEAL)

Notary Public, residing at \_\_\_\_\_

1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLUE Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-246-001-268

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

339692

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County ADA (b) City BOISE  
(c) Street Address or R.F.D. No. 8th. & HAYES STS.  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 16 years 2 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County ADA  
(c) City BOISE  
(d) Street Address or R.F.D. No. 8th. & HAYES

(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) BOISE, IDAHO.

5. Date of Birth of Child  
(Month, day, year) NOV. 16, 1897.

**4. FULL NAME OF CHILD** EULALIE PAINE

6. Sex FEMALE 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy NINE 9. Legitimate? YES

**FATHER OF CHILD**

**10. FULL NAME** WALTER FRANK PAINE

11. Color WHITE 12. Age at time of THIS birth 39 yrs.  
13. Birthplace BRIGHTON ENGLAND  
(City or town) (State or foreign country)

14. Exact Occupation PAINTER  
15. Industry or Business SIGN PAINTING

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** SARAH KOHLHEPP

17. Color WHITE 18. Age at time of THIS birth 22 yrs.  
19. Birthplace OREGON CITY OREGON  
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of OREGON  
County of MULTNOMAH } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that  
DR. GEORGE COLLISTER IS NOW DECEASED  
(First name) (Last name) (Is now deceased) or (Cannot be located) who attended this birth. I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Paine Signature  
2043 N.E. RODNEY AVE., PORTLAND, ORE. P. O. Address

Subscribed and sworn to before me this 3 day of April, 1942  
(SEAL) Jean S. Lumsden Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations. COMMISSION EXPIRES OCT. 26, 1942.)

Received for filing on APR 6 1942 by Mabel E. Fisher Registrar.



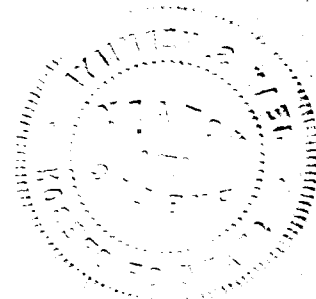
APR 8 1942

SEP 24 1962

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-214-001-697

339879

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) ~~City~~ Wilbur P.O.  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 18 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Wilbur P.O.  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 18 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wilbur P.O.

4. **FULL NAME OF CHILD** Ollie Bernice Kinser
5. Date of Birth of Child (Month, day, year) July 14, 1897
6. Sex female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** William Curtis Kinser
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Maquon Illinois  
(City or town) (State or foreign country)
14. Exact Occupation school teacher
15. Industry or Business .....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Paralee Wilburn
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace California  
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive A.M. on the date (Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by Paralee Wilburn, who is related to this child as.....  
(First name) (Last name)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Idaho Date Idaho
- State of Idaho County of Ada ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Mrs. Brenner, who attended this birth read I further state that (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 12 day of April, 19 42
- (SEAL) John P. Phillips Notary Public, residing at Lewiston Idaho
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

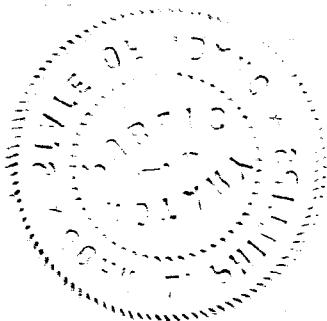
Received for filing on APR 2 1942 by Mary E. Edgar Registrar.

APR 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

444-203-024-753

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **339920**  
Local Reg. No. ....  
Reg. Dist. No. **430**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **Gordania** (b) City **Hagerman**  
(c) Street Address or R.F.D. No. **on home**  
(d) Name of Hospital or Maternity Home: **on home**  
(e) Mother's stay BEFORE delivery:  
IN THIS county **5** years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Gordania**  
(c) City **Hagerman**  
(d) Street Address or R.F.D. No. **on home**  
(e) How long has MOTHER lived in Idaho? **12** yrs

**4. FULL NAME OF CHILD**

**Mary Ellen Dudley**

**6. Sex**

7. Twin or Triplet

If so—**born**  
1st, 2nd, 3rd

8. No. months of Pregnancy **9**

**9. Legitimate?**

**yes**

**FATHER OF CHILD**

**10. FULL NAME**

**Nelson Dudley**

**11. Color or Race**

**W**

**12. Age at time of THIS birth**

**37** yrs.

**13. Birthplace**

**Sandwich Co. Indiana**

**14. Exact Occupation**

**Farmer**

**15. Industry or Business**

**self**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

**Mary E. Peck**

**17. Color or Race**

**W**

**18. Age at time of THIS birth**

**30** yrs.

**19. Birthplace**

**Lincoln Nebraska**

**20. Exact Occupation**

**Housewife**

**21. Industry or Business**

**on home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **34** (b) Born alive and now living **34**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

(Mother, etc.)

**25. Attendant's OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of **Idaho** County of **Lincoln** ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now **74** years of age, that I have known this person for **life** years, and that

**HANNH**....., who attended this birth.....I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Mary E. Dudley**.....Signature

**Sharon, Idaho**.....P. O. Address

Subscribed and sworn to before me this **7th** day of **April**, 19 **42**

(SEAL)

**Howard C. Addison**

**Notary Public**, residing at.....**PROBATE JUDGE OF**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **LINCOLN COUNTY, IDAHO**

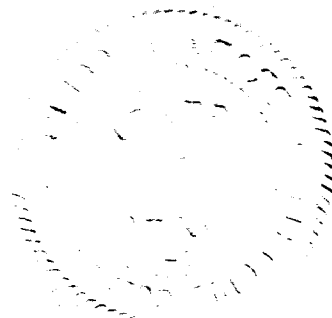
Received for filing on **APR 8 1942** by **Mabel Peck**, Registrar.

APR 9 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-215022 891

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **340075**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fremont (b) City Parker  
(c) Street Address or R.F.D. No. R. F. D.  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Parker  
(d) Street Address or R.F.D. No. R. F. D.  
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. **FULL NAME OF CHILD** Eva Delilah Stanford  
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd ....  
8. No. months of Pregnancy 9 9. Legitimate? Yes

3. **RESIDENCE OF FATHER** (city, state) Parker, Idaho  
5. Date of Birth of Child (Month, day, year) May 15, 1897

**FATHER OF CHILD**  
10. **FULL NAME** Thomas Barnett Stanford  
11. Color White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Logan Utah (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business General farming

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Jane Hiatt  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Harrieville Utah (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....  
State of Oregon County of Umatilla } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Mary Eleanor Hiatt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Hiatt Stanford Signature  
Milton, Oregon P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.  
(SEAL) M. H. Price Notary Public, residing at Milton, Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

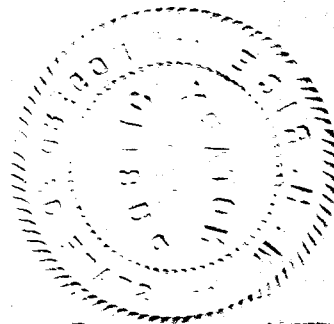
Received for filing on APR 9 1942 by [Signature] Registrar.

APR 23 1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

340131

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Fremont (b) City ORA  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
none  
(e) Mother's stay **BEFORE** delivery 8 months 22 days  
IN THIS county 7 years

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Fremont  
(c) City ORA  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child Feb 1, 1897  
(Month, day, year)

**4. FULL NAME OF CHILD** Geneva Elenor Telford Gee

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Erastus Roe Gee  
11. Color White 12. Age at time of THIS birth 45 yrs.  
13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Geneva Elenor Telford  
17. Color White 18. Age at time of THIS birth 44 yrs.  
19. Birthplace Portland, Ore.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature.....Midwife Address Teton, Idaho Date Feb. 1<sup>st</sup> 1897

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Mrs. Riggs who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edgar I. Gee Signature  
P. O. Address

Subscribed and sworn to before me this 11<sup>th</sup> day of March 19 1942  
(SEAL) H. A. Ryan Notary Public, residing at Rupert

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by H. A. Ryan Registrar.



APR 9 1952

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493 103006-731

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **340168**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bingham (b) City Idaho Springs  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bingham  
(c) City Idaho Springs  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 60 yrs.

**4. FULL NAME OF CHILD**

George Albert Miller

**5. Date of Birth of Child**

(Month, day, year) Aug 3<sup>rd</sup> 1942

**6. Sex**

Boy

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

**8. No. months of Pregnancy**

9

**9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME**

G. A. Miller

**11. Color or Race**

White

**12. Age at time of THIS birth**

31 yrs.

**13. Birthplace**

Bloomington

Indiana

**14. Exact Occupation**

Farmer

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Julia Virginia Gleason

**17. Color or Race**

White

**18. Age at time of THIS birth**

22 yrs.

**19. Birthplace**

W. A. Hill

Kansas

**20. Exact Occupation**

House wife

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

No

**23. Number of children of this mother: (a) At time of birth and including this child**

3 (b) Born alive and now living 4

No attendant

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

(Mother, etc.)

**25. Attendant's OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of Idaho } ss.  
County of Baker

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 4 years, and that

....., who attended this birth. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. A. Miller Signature  
2434 Church St. Baker, Id. P.O. Address

Subscribed and sworn to before me this 9th day of March, 1942.

(SEAL)

A. B. Smiley

Notary Public, residing at Baker, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Marj H. Baker Registrar.

APR 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink, or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing POST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

439-108014-556

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **340205**  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Caldwell (b) City Boise  
(c) Street Address or R.F.D. No. Rural  
(d) Name of Hospital or Maternity Home: home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Caldwell  
(c) City Boise  
(d) Street Address or R.F.D. No. Rural  
(e) How long has MOTHER lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

5. Date of Birth of Child  
(Month, day, year) 9-8-1897

**4. FULL NAME OF CHILD** JAMES ELMER MCINTYRE

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Joseph C. McIntyre  
11. Color White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Canada  
(City or town) (State or foreign country)  
14. Exact Occupation Stone Mason  
15. Industry or Business various

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary E. Newbanks  
17. Color White 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as  
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California  
County of Los Angeles ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life years, and that Mrs. Bay, the midwife, who attended this birth, is now deceased. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**NOTARY PUBLIC**

Subscribed and sworn to before me this 8th day of April, 1942  
Commission Expires Oct. 28, 1944

W. A. G. McIntyre Signature  
915 E. Ocean Ave. Long Beach, Calif. P. O. Address

Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

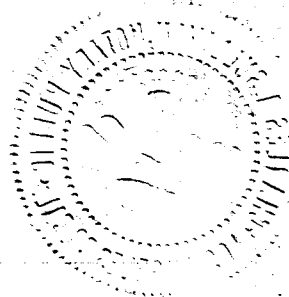
Received for filing on APR 10 1942 by J. J. McIntyre Registrar.

APR 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



364-115029-392

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **340236**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Troy  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
IN THIS county 16 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 26 yrs.

**3. RESIDENCE OF FATHER** (city, state) Troy, Idaho

5. Date of Birth of Child  
(Month, day, year) 7-15-1897

**4. FULL NAME OF CHILD**

Elmer Marvin Compton

6. Sex male 7. Twin or Triplet Triple If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Abe Compton  
11. Color white 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Calaveras County, Calif  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Margaret Aurrilla Liskum  
17. Color white 18. Age at time of THIS birth 39 yrs.  
19. Birthplace St. Lawrence City, New York  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address Date

State of Washington County of Whatcom ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... Mother ..... of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 44 years, and that ..... Dr. Hinkle who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Aurrilla Liskum Compton Signature  
1838 Iron Street, Bellingham, Wn P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 42

(SEAL) A. E. Byrne Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Maud Beeler Registrar.

APR 11 1912

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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669-103022-394

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

340416  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City St Anthony  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 7 years 5 months  days

4. FULL NAME  
OF CHILD

Herbert Earl Worrell

6. Sex

boy

7. Twin or  
Triplet

No

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9

9. Legitimate? Yes

10. FULL  
NAME

William Kenney Worrell

11. Color  
or Race

White

12. Age at time  
of THIS birth

37 yrs.

13. Birthplace

Carroll, Virginia  
(City or town) (State or foreign country)

14. Exact  
Occupation

Carpenter

15. Industry or  
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont

(c) City St Anthony

(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 7 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

Same

5. Date of Birth of Child

(Month, day, year) Sep 3-1897

16. FULL MAIDEN  
NAME

Margaret E Lineberry

17. Color  
or Race

White

18. Age at time  
of THIS birth

36 yrs.

19. Birthplace

Carroll, Virginia  
(City or town) (State or foreign country)

20. Exact  
Occupation

House Wife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A. M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.  
County of Fremont

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
(Mother, etc.)

in Item 4, above, that I am now 38 years of age, that I have known this person for 44+ years, and that

Dr. Middleton, who attended this birth was now deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Margaret E. Worrell Signature

Albion, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942.

(SEAL) W. Messervy, Notary Public Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary E. ... Registrar.

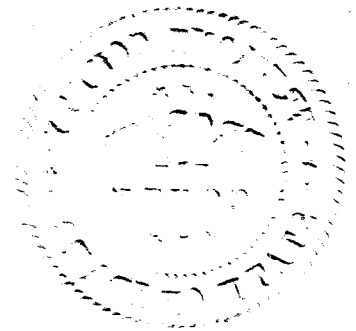


APR 15 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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513 127-014-365

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **340607**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:  
(a) County CANYON (b) City Nampa  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 7 years \_\_\_\_\_ month \_\_\_\_\_ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State IDAHO (b) County CANYON  
(c) City NAMPA  
(d) Street Address or R.F.D. No. DECEASED  
(e) How long has MOTHER lived in Idaho? 9  
(f) Mother's mailing address NAMPA IDAHO
3. RESIDENCE of FATHER (city, state): NAMPA IDAHO

4. FULL NAME OF CHILD ROY EARLE VALENTINE
5. Date of Birth (Month, day, year) JULY 27, 1942
6. Sex MALE 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? YES

- FATHER OF CHILD
10. FULL NAME JOHN H. VALENTINE
11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace CLARINDA IOWA  
(City or town) (State or foreign country)
14. Exact Occupation BRICKMASON
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD
16. FULL MAIDEN NAME MARY TONEY
17. Color or Race WHITE 18. Age at time of THIS birth 25 yrs.
19. Birthplace NEAR BAKER OREGON  
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2  
(c) Born alive and now dead 1 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) APR 15 1942 (Date received) (b) [Signature] (Mother, etc.)  
(c) \_\_\_\_\_ (Registrar's signature)
25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of Idaho } ss.  
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOHN H. VALENTINE, being first duly sworn, say that I am RELATED TO  
ROY EARLE VALENTINE as FATHER (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. KOHLER, who attended said birth, IS NOW DECEASED and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 14th day of April, 1942  
(SEAL) [Signature] Notary Public, residing at Meridian

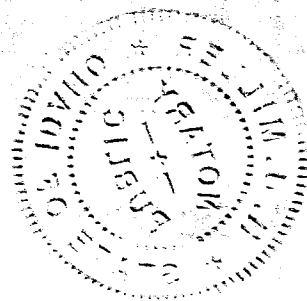
John H. Valentine Signature  
GEN. DELIVERY, BOISE, IDAHO P.O. Address

APR 17 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



155-108 003 389

340648

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. 440 N. Cleveland  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 9 years 1 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. 440 N. Cleveland  
(e) How long has **MOTHER** lived in Idaho? 9 1/2 yrs.

4. **FULL NAME OF CHILD** James Charles Jensen

5. Date of Birth of Child  
(Month, day, year) Nov 8, 1897

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Peter Jensen  
11. Color white 12. Age at time of THIS birth 39 yrs.  
13. Birthplace Copenhagen, Denmark  
(City or town) (State or foreign country)  
14. Exact Occupation Car Repairer  
15. Industry or Business O.S.L. Railroad Co.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Maria Christensen  
17. Color white 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Valby Aarhus, Denmark  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Bannock

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Miss MacMillan who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Annie M. Jensen Signature  
533 N. Hayes P. O. Address  
Subscribed and sworn to before me this 11th day of April 1942  
(SEAL) Emilstrup Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on APR 14 1942 by Mabel H. Jensen Registrar.

APR 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 340654  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Nez Perce (b) City On Farm - No R.F.D.  
(c) Street Address or R.F.D. No. Farm Home  
(d) Name of Hospital or Maternity Home: Farm Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years 2 months 19 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nez Perce  
(c) City Rural  
(d) Street Address or R.F.D. No. No R.F.D.  
(e) How long has MOTHER lived in Idaho? 29 yrs.

**4. FULL NAME OF CHILD** Allen Harvey Newkirk

5. Date of Birth of Child Jan. 10, 1897  
(Month, day, year)

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Coleman Shelton Newkirk  
11. Color White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Mexico, Audrain Co., Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Blacksmith

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Doreta Amelia Opperman  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Lewiston, Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business — — —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11 P. M. on the date 11 of April, 1942  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Coleman Shelton Newkirk, who is related to this child as Father  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho County of Clearwater } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 45 years, and that Sophrona Riggs who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Coleman Shelton Newkirk Signature  
Ernest Black P. O. Address

Subscribed and sworn to before me this 10 day of April, 1942  
(SEAL) [Signature] Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary E. Baker Registrar.

APR 17 1942

FEB 18 1957

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-202 028 815

340936

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Kootenai</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Kootenai</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>34</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Charlotte Irene Boyer</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Kootenai, Idaho</u> <b>5. Date of Birth of Child</b> (Month, day, year) <u>March 22, 1907</u>	
<b>6. Sex</b> ..... <b>7. Twin or Triplet</b> ..... <b>8. No. months of Pregnancy</b> ..... <b>9. Legitimate?</b> .....	<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Alfred Boyer</u> <b>11. Color</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>43</u> yrs. <b>13. Birthplace</b> <u>Sciotoville, Ohio</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> .....		
<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Luella Geneva Haney</u> <b>17. Color</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>35</u> yrs. <b>19. Birthplace</b> <u>Ironton, Ohio</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> .....			

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

**25. Attendant's**  
**OWN signature** ..... **M.D.** .....  
**Midwife** ..... **Address** ..... **Date** .....

State of Idaho  
 County of Bonner } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 14.5 years, and that Mary Boyer, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Irene Neil Signature  
Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 19 42  
 (SEAL) Glenn C. Baudeman Notary Public, residing at Sandpoint, Ida.  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel Z. Egan Registrar.

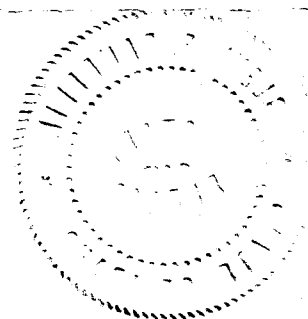


APR 21 1911

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



**341057**

APR 21 1942

APR 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



841-201-004-513

341144

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Dingle  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
At Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 23 years 10 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Dingle  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

4. **FULL NAME OF CHILD** Cloda Quayle  
6. Sex Female 7. Twin or Triplet  
If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Dingle Idaho  
5. Date of Birth of Child (Month, day, year) Nov. 1 - 1897  
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes.

**FATHER OF CHILD**  
10. **FULL NAME** Alfonso Quayle  
11. Color White 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Cedar Point Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Effie Minerva Tate  
17. Color White 18. Age at time of THIS birth 24 1/2 yrs.  
19. Birthplace Paris Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
**OWN signature** M.D. Midwife Address Date

State of California } ss.  
County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all of her life years, and that JANE SPARKS, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires November 18, 1943

Subscribed and sworn to before me this 13 day of April, 1944

(SEAL)

Notary Public, residing at Donner Pass Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mary E. E. E. Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533 112006.254

341157

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County...Bingham..... (b) City...Riverside.....  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
Home.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State...Idaho..... (b) County...Bingham.....  
(c) City...Riverside.....  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Riverside Ida.

**4. FULL NAME OF CHILD**

Seth Walter Ellis

**5. Date of Birth of Child**

(Month, day, year) 2-12-1897

6. Sex Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME...William H. Ellis.....  
11. Color...White..... 12. Age at time  
or Race... of THIS birth...39 yrs.  
13. Birthplace...Queenstown Africa.....  
(City or town) (State or foreign country)  
14. Exact Occupation...Farmer.....  
15. Industry or Business...Farming.....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME...Elizabeth Anne Beutler.....  
17. Color...White..... 18. Age at time  
or Race... of THIS birth...32 yrs.  
19. Birthplace...Berne, Switzerland.....  
(City or town) (State or foreign country)  
20. Exact Occupation...Housewife.....  
21. Industry or Business...Housewife.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...6..... (b) Born alive and now living...9.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.  
Midwife Address

Date

State of...Idaho..... } ss.  
County of...Bannock..... }

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now...76.....years of age, that I have known this person for...76.....years, and that  
Mrs. Johnson (Midwife)....., who attended this birth...is now deceased..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1887 Session Laws.

Elizabeth Ellis

Signature

P. O. Address

Subscribed and sworn to before me this 16 day of April, 19 42.

(SEAL)

Notary Public, residing at Inkom, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....APR 18 1942.....by.....Mary E. Beutler....., Registrar.

APR 21 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or c.p.n.

35125003-295

341244

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. 455 S. Garfield  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county 3 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. 455 S. Garfield  
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Walter Brewster Leaf

5. Date of Birth of Child  
(Month, day, year) March 25, 1897

6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Leaf

11. Color white 12. Age at time of THIS birth 39 yrs.

13. Birthplace Idaho  
(City or town) (State or foreign country)

14. Exact Occupation C.P. Engineer

15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Edith Brewster

17. Color white 18. Age at time of THIS birth 26 yrs.

19. Birthplace Idaho  
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Idaho  
State of Bannock County of ..... ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 39 years of age, that I have known this person for 45 years, and that Mr. R. R. R. R. R. who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mr. Clara Edith Leaf Signature  
Box 850, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of Mar 19 42  
(SEAL) Notary Public, residing at  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Registrar



MAY 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-118019-719

341317

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Custer (b) City Houston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Custer  
(c) City Houston  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

5. Date of Birth of Child  
(Month, day, year) 3-18-1897

**4. FULL NAME OF CHILD** Sherman Stanley Smith

6. Sex male 7. Twin or Triplet No born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Elwood Smith  
11. Color White 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Sunbury, Penn.  
(City or town) (State or foreign country)  
14. Exact Occupation Merchant  
15. Industry or Business Merchant

**MOTHER OF CHILD**

16. FULL NAME Edith Mary Parker  
17. Color White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Benton, Wisconsin  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... County of ..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Edith S. Swanger, who attended this birth Can not be located I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Mary P. Smith Signature  
Idaho P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) Les A. Thurston Notary Public, residing at Butte County, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

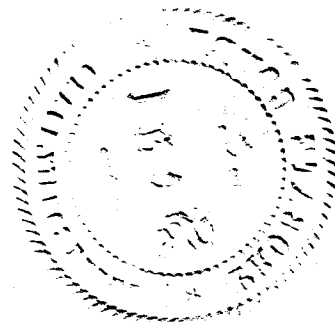
Received for filing on APR 20 1942 by M. J. [Signature] Registrar.

APR 2 / 1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-1181019-291

342432

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County..... Custer (b) City..... 10 Miles from  
(c) Street Address or R.F.D. No..... Old town of Huston  
(d) Name of Hospital or Maternity Home:  
On Ranch Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 86 years 6 months  days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State..... Idaho (b) County..... Custer  
(c) City..... Huston  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?..... 21 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state)

Same

**4. FULL NAME OF CHILD**

Edward Glenn Pence

**5. Date of Birth of Child**

(Month, day, year) July 18 1897

6. Sex Male

7. Twin or One  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME James Robert Pence  
11. Color..... White 12. Age at time  
or Race..... of THIS birth..... 33 1/2 yrs.  
13. Birthplace..... Lowax Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation..... Rancher  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Catherine Ann Bradshaw  
17. Color..... White 18. Age at time  
or Race..... of THIS birth..... 25 1/2 yrs.  
19. Birthplace..... Galeton Valley Montana  
(City or town) (State or foreign country)  
20. Exact Occupation..... Housewife  
21. Industry or Business

None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... 3 (b) Born alive and now living..... 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of..... Idaho ss.  
County of..... Custer

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears  
in Item 4, above, that I am now..... 78 years of age, that I have known this person for..... 44 1/2 years, and that  
..... Martha Keen....., who attended this birth..... is now deceased..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of April, 1942  
(SEAL) My Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

J R Pence Signature  
Martha Keen P. O. Address  
Notary Public, residing at Martha Keen

Received for filing on..... APR 23 1942 by..... Martha Keen Registrar.

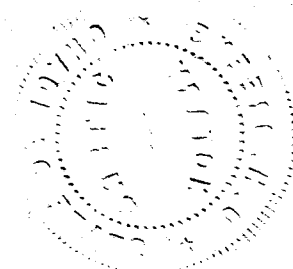
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APP 24 1969

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-113-007-653

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

342504  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Stanton  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Stanton  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

4. **FULL NAME OF CHILD** William Jennings Bellinger,

3. **RESIDENCE OF FATHER** (city, state) Same.  
5. Date of Birth of Child  
(Month, day, year) 6/13/1897

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Merritt Bellinger  
11. Color White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Jacksonville, Oregon.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Harriett Ann Welch  
17. Color White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Delphos, Ohio.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address Date  
State of Nevada County of White Pine } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for.....years, and that.....  
Mrs. Openchain....., who attended this birth.....is now deceased.....I further state that.....  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Ann Bellinger.....Signature  
P. O. Box 3, Ely, Nevada......P. O. Address

Subscribed and sworn to before me this 18th day of April, 19 42,  
(SEAL).....Notary Public, residing at Ely, Nevada.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

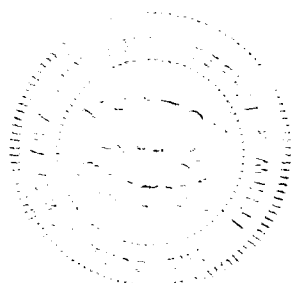
Received for filing on.....APR 22 1942.....by.....Mary E. Becker.....Registrar.

JPR 24 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



275-111-035-445

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **342509**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Mayhew (b) City Lewiston  
(c) Street Address or R.F.D. No. 170  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 7 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Mayhew  
(c) City Lewiston  
(d) Street Address or R.F.D. No. 170  
(e) How long has MOTHER lived in Idaho? 7 yrs.

4. FULL NAME OF CHILD Frank Spiero

3. RESIDENCE OF FATHER (city, state) Lewiston, Ida.  
5. Date of Birth of Child Aug 11, 1897  
(Month, day, year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME Frank Spiero  
11. Color or Race white 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Italy  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business LI

MOTHER OF CHILD  
16. FULL MAIDEN NAME Christina Miranda  
17. Color or Race white 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Italy  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business II

22. Name prophylactic used to prevent Ophthalmia Neonatorum No  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho M.D. Mayhew Address Idaho Date Idaho  
Midwife

State of Idaho } ss.  
County of Mayhew

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 76 years of age, that I have known this person for 44 years, and that W. Morris, who attended this birth Dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Christina Miranda P. O. Address Lewiston, Idaho

Subscribed and sworn to before me this 5 day of April, 1942  
(SEAL) John P. Phillips Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mabel Phillips, Registrar.



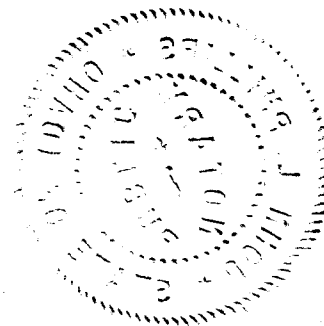
Frank Spens  
Asotin, Wash

APR 24 1932

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



845-1051225-993

342512

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>In home</u> (e) Mother's stay BEFORE delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Crate S. Hunt</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Grangeville</u> 5. Date of Birth of Child <u>Ida.</u> (Month, day, year) <u>Dec. 5, 1897</u>	

<b>6. Sex</b> <u>male</u> <b>7. Twin or Triplet</b> <u>no</u> <b>If so—born 1st, 2nd, 3rd</b> <u>Nil</u>		<b>8. No. months of Pregnancy</b> <u>9mos</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Clinton Smith Hunt</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>23</u> yrs. <b>13. Birthplace</b> <u>Halltown Mo.</u> (City or town)      (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>no</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elfreda Mae Rice</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>18</u> yrs. <b>19. Birthplace</b> <u>Grangeville Idaho</u> (City or town)      (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> <u>Nil</u>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child 1st. (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (First name)      (Last name)  
 (Mother, etc.)

**25. Attendant's OWN signature**.....**M.D.**.....**Midwife**.....**Address**.....**Date**.....

State of.....Wash......**ss.**.....**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of.....Yakima.....

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....62.....years of age, that I have known this person for.....9.....years, and that.....Dr. S. E. Bibby....., who attended this birth.....deceased.....I further state that.....(Is now deceased) or (Cannot be located).....  
 (First name)      (Last name)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Elfreda Mae Hunt.....Signature  
1307 Lincoln Ave. Yakima, Wash......P. O. Address

Subscribed and sworn to before me this.....21.....day of.....April....., 19.....42.....  
 (SEAL).....Notary Public.....Notary Public, residing at.....Mapton, Wash......  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

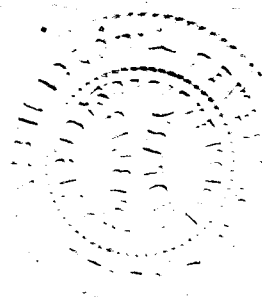
Received for filing on.....APR 22 1942.....by.....Mary E. [Signature].....Registrar.

APR 24 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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433-131-072-044

342523

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (At time of this birth) (a) County <u>Butte</u> (b) City <u>ARCO</u> (c) Street Address or R.F.D. No. <u>No</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>25</u> years <u>0</u> months <u>0</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Butte</u> (c) City <u>Arco</u> (d) Street Address or R.F.D. No. <u>No</u> (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Refus Harrison McCowin</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Idaho</u> <b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct, 31, 1897</u>	
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> <u>No</u> <b>If so—born</b> <u>No</u> <b>1st, 2nd, 3rd</b> <u>No</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Benjamin F. McCowin</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>37</u> yrs. <b>13. Birthplace</b> <u>State of Neb.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farmer</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Ora E. Burgess</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>29</u> yrs. <b>19. Birthplace</b> <u>State of Maine</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Address Date  
Midwife

State of Idaho  
County of Butte

AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
Old friend

I, the undersigned, do hereby swear, say that I am the.....of the person whose name appears in Item 25 above, that I am now 27 years of age, that I have known this person for 44 years, and that.....who attended this birth..... I further state that..... (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937, Idaho Laws.

Subscribed and sworn to before me this.....day of.....1942  
(SEAL) John H. Phillips Notary Public, residing at Bozeman, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by.....Registrar.

44 24 1942

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar of record in the Bureau of Vital Statistics for the purposes and to be prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician, midwife, or by affidavits of the father or mother of the child, or of either, or of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

342661

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Canyon (b) City Caldwell  
(c) Street Address or R.F.D. No. no  
(d) Name of Hospital or Maternity Home:  
own home  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Caldwell  
(d) Street Address or R.F.D. No. no  
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Hazel Belle Moudy

**5. Date of Birth of Child**

(Month, day, year) Feb. 28, 1897

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

no

8. No. months of Pregnancy nine

9. Legitimate? yes

**10. FULL NAME**

**FATHER OF CHILD**  
Samuel A. Moudy

11. Color or Race white 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Middletown, Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

**16. FULL MAIDEN NAME**

**MOTHER OF CHILD**  
Rose Belle Justus

17. Color or Race white 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Prescott, Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature Oregon M.D. Midwife Address Address Date Date

State of Oregon County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Mrs. Ronan who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of April, 19 42  
(SEAL) Notary Public, residing at 2506 W. Bond Ave. Portland, Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-244, Idaho Code.)

Received for filing on APR 23 1942 by Mary J. [Signature] Registrar.

APR 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

342671

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Blaine (b) City moore  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
own home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City moore  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 20 yrs.  
3. RESIDENCE OF FATHER (city, state) moore Idaho

4. FULL NAME OF CHILD Elise Linnamman

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD  
10. FULL NAME William Francis Linnamman  
11. Color white 12. Age at time of THIS birth 28 yrs.  
13. Birthplace nephi Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business

5. Date of Birth of Child (Month, day, year) Sept 13 1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD  
16. FULL MAIDEN NAME Lucy Maria McQuire  
17. Color white 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Blaine Utah  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho ss.  
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Mrs. Beaulieu who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Francis Linnamman Signature  
Roosevelt Utah P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942  
(SEAL) Miss P. Edwards Notary Public, residing at Roosevelt Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, McM Exp 5/11/194x)

Received for filing on.....by Mary Blaine Registrar.

APR 24 1942



APR 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

by....., Registrar.

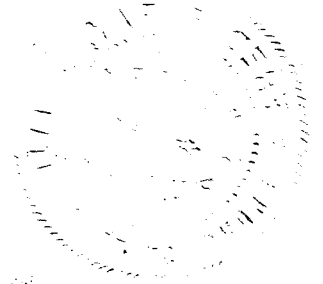
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APR 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

663-204-220-663

342742

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Elmore (b) City Mammoth  
(c) Street Address or R.F.D. No. at home  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Elmore  
(c) City Mammoth  
(d) Street Address or R.F.D. No. at home  
(e) How long has MOTHER lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Lucile Mary Welf

**5. Date of Birth of Child**

(Month, day, year) 2-4-1897

**6. Sex**

female

**7. Twin or Triplet**

1st born  
1st, 2nd, 3rd

**8. No. months of Pregnancy**

9

**9. Legitimate?**

yes

**FATHER OF CHILD**

**10. FULL NAME**

Edmund M. Welf

**11. Color or Race**

white

**12. Age at time of THIS birth**

29 yrs.

**13. Birthplace**

Catonsville

(City or town) (State or foreign country)

**14. Exact Occupation**

Lawyer

**15. Industry or Business**

Law

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lucile M. Welf

**17. Color or Race**

white

**18. Age at time of THIS birth**

29 yrs.

**19. Birthplace**

Mammoth

(City or town) (State or foreign country)

**20. Exact Occupation**

House wife

**21. Industry or Business**

House wife

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

don't know

**23. Number of children of this mother:** (a) At time of birth and including this child 10 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

**25. Attendant's OWN signature**

Idaho

**M.D.**

Midwife

Address

Date

**State of**

Idaho

**County of**

Elmore

ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 45 years, and that William F. Smith who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edmund M. Welf

Signature

362-7th, East Twin Falls, Idaho

P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL)

Leah Cedarbaum

Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 23 1942

by

Mary E. Keeler

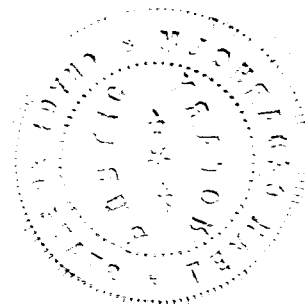
Registrar.

APR 28 1946

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-228-628-929

342839

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City LINDEN  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City LINDEN  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?..... yrs.

**4. FULL NAME OF CHILD**

Anna Myrtle Smith Mitchell

5. Date of Birth of Child (Month, day, year) Mar 28, 1897

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**10. FULL NAME**

Jarvis Paris Smith

11. Color White 12. Age at time of THIS birth 49 yrs.  
13. Birthplace DRIE+WOOD, PA  
(City or town) (State or foreign country)

14. Exact Occupation Farmer  
15. Industry or Business

**16. FULL MAIDEN NAME**

Nellie Israel

17. Color White 18. Age at time of THIS birth 43 yrs.  
19. Birthplace Idaho  
(City or town) (State or foreign country)

20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by EMMAL LONGFELLOW who is  
related to this child as mother  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Marjorie Longfellow M.D. Midwife Address SOUTHWICK IDAHO Date 4-15-1942

State of..... SS..... AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that  
(First name) (Last name) who attended this birth..... I further state that  
(Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Marjorie Longfellow Registrar.

### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-119-003-108

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **342844**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. Ma Sanford Ave  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county 8 years 10 months 28 days

**4. FULL NAME OF CHILD**

Hubert Castle Kearney

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Wm. Benjamin Kearney  
11. Color White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Pocatello, ID  
(City or town) (State or foreign country)  
14. Exact Occupation Salaman  
15. Industry or Business Kearney Mercantile Co

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Agnes Virginia Johnson  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Pocatello, ID  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Don't know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Oregon } ss.  
County of Buna

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the M other of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Kearney Rucker who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL)

Agnes C. Martin

Signature  
P. O. Address Thurston, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 17, 1943

Received for filing on

**APR 27 1942**

by

Registrar.



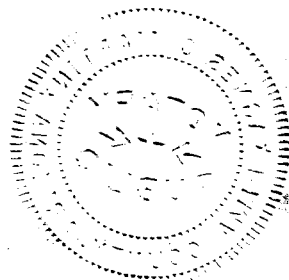
JUL 7 1965

APR 28 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437-128-070-893

342861

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon City</u> (c) Street Address or R.F.D. No. <u>R.F.D.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>8</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon City</u> (d) Street Address or R.F.D. No. <u>R.F.D.</u> (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>John Patrick McGree.</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Deceased</u> 5. Date of Birth of Child (Month, day, year) <u>Mar 28, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> Yes
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Nicholas James McGree.</u> <b>11. Color</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>37</u> yrs. <b>13. Birthplace</b> <u>Baltimore Maryland</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Miner.</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth Helen Hickey.</u> <b>17. Color</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>27</u> yrs. <b>19. Birthplace</b> <u>Perryville Ill.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife.</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature**.....**M.D.**.....**Address**.....**Date**.....  
Midwife

State of California County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mrs. Pete McKenney, who attended this birth Is now Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elizabeth H. McKenney Signature  
941 S. Sepulveda St. San Pedro P. O. Address  
Subscribed and sworn to before me this 16th day of April, 1942  
(SEAL) William Stan Baldwin Notary Public, residing at San Pedro, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Dec. 16, 1943

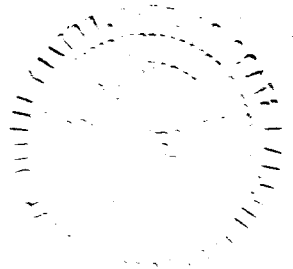
Received for filing on APR 27 1942 by John P. McGree Registrar.

APR 28 1949

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-124-035-452

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **342882**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Neuse (b) City Leland  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Neuse  
(c) City Leland  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 5 yrs

**3. RESIDENCE OF FATHER** (city, state) Leland Idaho

**4. FULL NAME OF CHILD** Elmer Elton Bever

6. Sex Male 7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Mar. 29, 1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Elmer E. Bever  
11. Color or Race white 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Adel Iowa (City or town) (State or foreign country)  
14. Exact Occupation farming  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sadie J. D. Baum  
17. Color or Race White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Walla Walla Washington (City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Linn } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother 45 of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 45 years, and that Dr. D. B. Reese who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21st day of April, 1942  
(SEAL) E. M. Linn Notary Public, residing at Albany, Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on APR 27 1942 by Mary E. Linn Registrar.

6/11/28

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-221-008553

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **342917**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Kootenai (b) City Coeur d'Alene  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: own home stead  
(e) Mother's stay BEFORE delivery: 4 years 4 months 4 days  
IN THIS county

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Kootenai  
(c) City Coeur d'Alene  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Coeur d'Alene

**4. FULL NAME OF CHILD**

Sophie Elizabeth Benson

**5. Date of Birth of Child**

(Month, day, year) April 21, 1897

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME John Louis Benson  
11. Color white 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Sweden (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anne Matilda Nelson  
17. Color white 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Sodermaland Sweden (City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 45 years, and that not known (First name) Goul (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of April, 1942  
(SEAL) Cladie C. Weeks Notary Public, residing at Coeur d'Alene, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 27 1942 by Marj E. Soper Registrar.

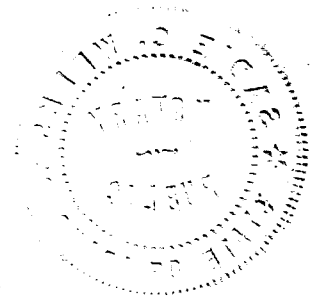
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APR 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-113-001-231

343081

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Ada (b) City Caldwell  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Caldwell  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 40 yrs.  
(f) Mother's mailing address Parma Idaho

3. RESIDENCE of FATHER (city, state)

5. Date of Birth \_\_\_\_\_  
(Month, day year) June 13, 1897

4. FULL NAME OF CHILD Marvin Whitney McLaughlin

6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME Hazeliah Ira McLaughlin

11. Color or Race White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Ohio  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Maud Stafford

17. Color or Race White 18. Age at time of THIS birth 22 yrs.

19. Birthplace Douglas, Kansas  
(City or town) (State or foreign country)

20. Exact Occupation Home maker

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 P. M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above and that personal particulars were furnished by Carrie M. McLaughlin, who is related to this child as Mother  
(First name) (Last name)

26. (a) APR 28 1942 (Date received) (b) Mary Steeler (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature Mrs. Carrie McLaughlin (D.O., Midwife, etc.)  
and address Parma P# Date 12/15-41

State of Idaho } ss.  
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carrie M. McLaughlin, being first duly sworn, say that I am Related to  
Marvin Whitney McLaughlin as Mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 19, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. J. Johnson who attended said birth now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 1941

(SEAL)

Mrs. Carrie McLaughlin Signature  
Parma Idaho P# P. O. Address  
December  
Notary Public, residing at Twins Idaho



APR 25 1967

APR 29 1942

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

343085

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Burke  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
Private residence  
(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone  
(c) City Burke  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Burke, Idaho.

4. FULL NAME  
OF CHILD.

ERNEST JOSEPH ROY

5. Date of Birth of Child  
(Month, day, year) March 11, 1897.

6. Sex M

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME THOMAS A. ROY  
11. Color White 12. Age at time  
or Race of THIS birth 34 yrs.  
13. Birthplace Quebec Canada  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME ALEXANDRINE MOUSSEAU  
17. Color White 18. Age at time  
or Race of THIS birth 29 yrs.  
19. Birthplace Manitoba Canada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature M.D. Address Date  
Midwife

State of California  
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears  
in Item 4, above, that I am now 52 years of age, that I have known this person for 45 years, and that  
James P. Collins, M.D., who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Mapoleon J. Roy Signature  
4141 Sunnyside Ave., Van Nuys, Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942  
(SEAL) Russell D. Hardy Notary Public, residing at 8215 Clinton St.,  
(Note: Perjury is punishable as a felony in Idaho. See Sec. 7-914, Idaho Code Annotated.) Los Angeles, Calif.

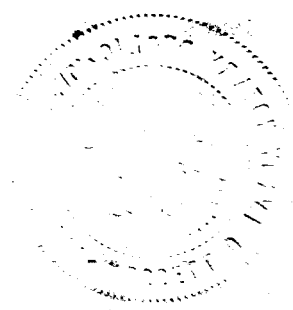
Received for filing on APR 27 1942 by Marie A. ... Registrar.

APR 29 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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689-126-003-693

343087

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. Shattuck Row  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**4. FULL NAME OF CHILD**

LESLIE MORTIMER WHITE

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Earle Chester White

11. Color white 12. Age at time of THIS birth 30 yrs.

13. Birthplace Salt Lake City, Utah  
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Real Estate

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bannock  
(c) City Pocatello

(d) Street Address or R.F.D. No. Shattuck Row

(e) How long has MOTHER lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Pocatello, Ida

5. Date of Birth of Child

(Month, day, year) Oct. 26, 1897

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Annette Kaziah Fickel

17. Color white 18. Age at time of THIS birth 29 yrs.

19. Birthplace Galesburg, Illinois  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Annette K. White, who is related to this child as Mother  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.  
County of Bannock

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that

Dr. F. H. Moore, who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annette K. White Signature  
611 So. 10th Ave., Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 23d day of April, 1942

(SEAL)

Theodore H. Gathe, Jr. Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 27 1942

by

Marl E. Epler

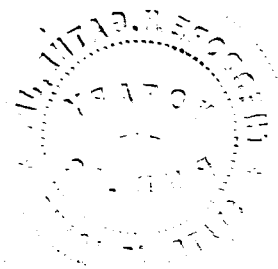
Registrar.

APR 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

343115  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bear Lake (b) City Montpelier  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Montpelier  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD BEATRICE HOLMES

5. Date of Birth of Child  
(Month, day, year) Sept. 24, 1897

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Hyrum Holmes  
11. Color White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Montpelier, Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Rancher  
15. Industry or Business Live Stock

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Hill  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Madrid Bend, Tennessee  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho  
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 44 years, and that Dr. C. A. Hoover who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of April 1942  
(SEAL) Albert W. Jones Notary Public, residing at Montpelier, Idaho  
Signature J. Hyrum Holmes P. O. Address

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated, Commission Expires April 14, 1944)

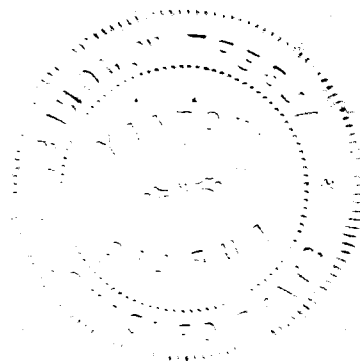
Received for filing on APR 27 1942 by Montpelier, Idaho Registrar.

APR 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343299

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Kootenai (b) City Coeur d' Alene  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery:  
IN THIS county I years  months  days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Coeur d' Alene  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? I yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida  
5. Date of Birth of Child  
(Month, day, year) August 12, 1897

4. **FULL NAME OF CHILD** Truman Carl Eaton

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd  8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Pressley Eaton  
11. Color White 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Wilkesbarre Penn.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Hattie Ann Stafford  
17. Color White 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Milwaukee Wis.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 12:00 P.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Mother, who is related to this child as Mother  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's MRS.  
**OWN signature** Midwife Address Date

State of Idaho } ss.  
County of Kootenai

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Mrs. Lucy Sherlock, who attended this birth, cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Eaton Signature  
Rte #1, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942.

(SEAL)

W. B. W. W. W. Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Marl T. E. E. Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

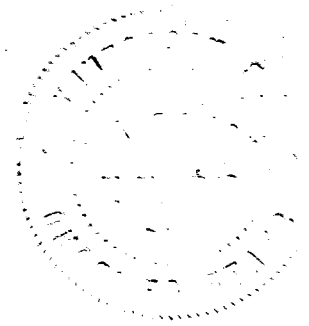


MAY 1 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

655-105-061-712

343383

343383

United States **MAY 5 1942**  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Meridian</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Meridian</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Fred Rowland Fenton</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan. 5, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b>	<b>9. Mosa Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>James Alexander Fenton</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary Elizabeth Pasco</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>31</u> yrs.	<b>17. Color or Race</b> <u>white</u>	<b>18. Age at time of THIS birth</b> <u>40</u> yrs.
<b>13. Birthplace</b> <u>Branford, Ontario, Canada</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Lima, Ohio</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>lumberman</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**.....**M.D.**.....**Address**.....**Date**.....  
State of Idaho.....**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Ada.....ss.

I, the undersigned, being first duly sworn, say that I am the father.....of the person whose name appears in Item 4, above, that I am now 76.....years of age, that I have known this person for 45.....years, and that Dr. Collister.....who attended this birth is now deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Alexander Fenton Signature  
Meridian, Idaho P. O. Address  
Subscribed and sworn to before me this 5th day of May, 1942.  
(SEAL) Thos. L. Martin Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mary E. Eder Registrar.

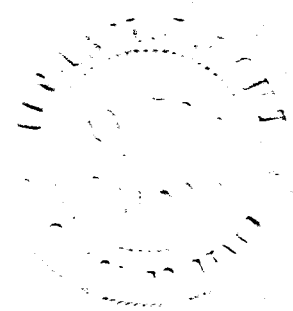
MAY 6 1942

OCT 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-211-001- MAY 6

343385

343385

United States 356  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
1942  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 1503 N. 5th St  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 2 months days

**4. FULL NAME OF CHILD**

SARGENT, Evelyn Wanahte

6. Sex Female 7. Twin or Triplet ☒

If so—born 1st, 2nd, 3rd 11th

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME SARGENT, Colby Anthony  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Kansas City, Kansas  
(City or town) (State or foreign country)  
14. Exact Occupation Printer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lewis, Mary Elizabeth  
17. Color White 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Maryetta, Ohio  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for all his life years, and that Dr. Prosser who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Colby Anthony Sargent Signature  
Boise, Idaho, Box 1643 P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL)

A. E. Blaney Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Maurice Elder Registrar.

MAY 6

1942

MAY 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-104 0012 MAY 6 662

343393

343393

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. Franklin School  
(d) Name of Hospital or Maternity Home: Dist. Morris Hill Dist.  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph Albert Rankin  
5. Date of Birth of Child (Month, day, year) May 4, 1897  
6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnancy ..... 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Joseph Edgar Rankin  
11. Color White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Kansas  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter, Contractor & Excavator  
15. Industry or Business Contracting

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Dora Foster (Rankin)  
17. Color White 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 45 years, and that Dr. Powers, who attended this birth now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A. Vander Signature  
Boise, Idaho P. O. Address  
Subscribed and sworn to before me this 6 day of May, 1942  
(SEAL) Notary Public Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

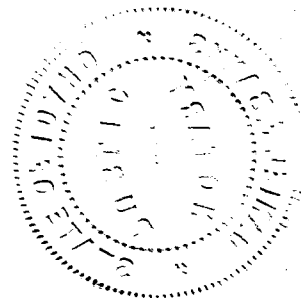
Received for filing on MAY 6 1942 by Mabel E. Elder, Registrar.

APR 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

253 130-036 MAY 6 238

343397 343397

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Weston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
in father's home  
(e) Mother stay BEFORE delivery:  
IN THIS county 25 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Weston  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. **FULL NAME OF CHILD** Asael Enos Bell

5. Date of Birth of Child  
(Month, day, year) Sept 30, 1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** James Hyrum Bell  
11. Color White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Logan, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Agriculture

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie Schwanderbeldt  
17. Color White 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Logan  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 10.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
State of Idaho County of Franklin ss.  
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 44 years, and that Dr. Allen R. Cutler Sr., who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30 day of April, 1942  
(SEAL) J. Hyrum Bell Signature  
Franklin, Idaho P. O. Address  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Marcel E. Elder Registrar.



MAY 3 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 129 029 249

343444

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH (All items at time of this birth)**

(a) County Idaho (b) City Moscow  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months days

**2. USUAL RESIDENCE OF MOTHER (At time of this birth)**

(a) State Idaho (b) County Idaho  
(c) City Moscow  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER (city, state)** Moscow, Idaho

5. Date of Birth of Child  
(Month, day, year) May 29 - 1897

**4. FULL NAME OF CHILD** William Patterson

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME John Ernest Patterson  
11. Color White 12. Age at time of THIS birth 19 yrs.  
13. Birthplace Moscow, Kansas  
(city or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business .....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lilly May Burch  
17. Color white 18. Age at time of THIS birth 17 yrs.  
19. Birthplace Nebraska  
(City or town) (State or foreign country)  
20. Exact Occupation none  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at P. M. on the date May 29, 1942 and at the place stated above, and that personal particulars were furnished by Dr. Worthington, who is related to this child as father (Mother, etc.)

25. Attendant's OWN signature Dr. Worthington M.D. Dr. Worthington (Acc) Midwife Address Moscow, Ida Date .....

State of Idaho County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 44 years, and that Dr. Worthington, who attended this birth deceased I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Ernest Patterson Signature  
Riggins, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 1942  
(SEAL) John H. Clay Notary Public, residing at Riggins, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec 7-914, Idaho Code Annotated.)

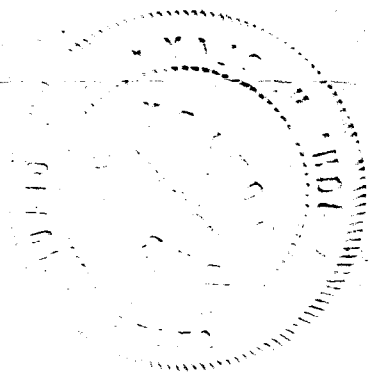
Received for filing on APR 29 1942 by John H. Clay Registrar.

MAY 4 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613 117-024 '386

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

343593  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Gooding (b) City Bliss  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Gooding  
(c) City Bliss  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bliss, Idaho  
5. Date of Birth of Child  
(Month, day, year) April 17, 1897

4. **FULL NAME OF CHILD** John Rodney Wallace  
7. Twin or Triplet        If so—born 1st, 2nd, 3rd         
8. No. months of Pregnancy 9 9. Legitimate? yes       

6. Sex Male

**FATHER OF CHILD**  
10. **FULL NAME** Daniel Lonegan Wallace  
11. Color white 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Josephine County, Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Laborer  
15. Industry or Business       

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Irene Rebecca Thomason  
17. Color white 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Little Rock, Arkansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature Blaine Idaho M.D.        Address        Date         
State of.....Blaine Idaho.....ss.         
City of.....Blaine.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that the midwife (forget name), who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  
I was present at this birth.

Subscribed and sworn to before me this 20th day of April, 1942  
(SEAL) Joseph N. Guld Notary Public, residing at Hailey, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Signature Rinda Allred P. O. Address         
Gannett, Idaho

Received for filing on MAY 2 1942 by        Registrar.

MAY 8 1967  
DEC 7 1967

MAY 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 120-016-299

343596

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Home Residence</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>28</u> years <u>8</u> months <u>18</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Ida.</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>67</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Carl Delano Bach</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Oakley Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Jan. 20-1897</u>	
<b>6. Sex</b> <u>male</u>		7. Twin or Triplet <u>      </u> If so—born 1st, 2nd, 3rd <u>      </u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>James Frederick Bach</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>32</u> yrs. <b>13. Birthplace</b> <u>Sacramento, California</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Cow boy</u> <b>15. Industry or Business</b> <u>Cattle man &amp; Rancher</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Julia Lottie Brim Bach</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>26</u> yrs. <b>19. Birthplace</b> <u>Salt Lake City Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife</u> <b>21. Industry or Business</b> <u>Domestic</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)  
 (Mother, etc.)

25. Attendant's **OWN signature**.....**M.D.**.....**Address**.....**Date**.....  
 State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of Cassia

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth..... I further state that.....  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22 day of April, 1942  
 (SEAL).....Notary Public, residing at.....  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
 Signature Julia Lottie Brim Bach P. O. Address Oakley, Idaho  
 Residing in Oakley, Cassia County, Idaho  
 My Commission expires Jan. 1, 1943

Received for filing on APR 23 1942 by Marj E. Fisher, Registrar.

MAY 6 1932

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-108016457

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

343688

State File No. \_\_\_\_\_

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH:  
(a) County Cassia (b) City albion  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home none - was born in home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county 30 years approximately days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City albion  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 39 yrs.  
(f) Mother's mailing address albion Idaho  
3. RESIDENCE of FATHER (city, state). albion Idaho

4. FULL NAME OF CHILD Richard Champ Story

5. Date of Birth (Month, day, year) Nov. 8th 1897

6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so - born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD Deceased  
10. FULL NAME Richard Thompson Story  
11. Color or Race white 12. Age at time of THIS birth ? yrs.  
13. Birthplace Near Paris, Missouri, U.S.A.  
(City or town) (State or foreign country)  
14. Exact Occupation Physician & Surgeon  
15. Industry or Business Drug Store

MOTHER OF CHILD Deceased  
16. FULL MAIDEN NAME Annie Rachel Perley Story  
17. Color or Race white 18. Age at time of THIS birth ? yrs.  
19. Birthplace Mason City, Ill. U.S.A.  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4  
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) MAY 4 1942 (b) \_\_\_\_\_  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of California  
County of Los Angeles ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Perley Harlow, being first duly sworn, say that I am sister - related to Richard Champ Story as sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Richard Thompson Story who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature Mrs. Perley Harlow P.O. Address 1122 N. Marine

Subscribed and sworn to before me on this 27th day of April, 1942  
(SEAL) Don C. Fohl Notary Public, residing at WILMINGTON, CALIF.



MAY 7 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, 1937 Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864 125001- MAY 7 1942  
 United States  
 Department of Commerce  
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
 STATE OF IDAHO

343701  
 343701  
 State File No.  
 Local Reg. No.  
 Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)  
 (a) County Ada (b) City Boise  
 (c) Street Address or R.F.D. No.  
 (d) Name of Hospital or Maternity Home:  
 (e) Mother's stay **BEFORE** delivery:  
 IN THIS county 1 years 3 months 17 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
 (a) State Idaho (b) County Ada  
 (c) City Boise  
 (d) Street Address or R.F.D. No.  
 (e) How long has MOTHER lived in Idaho? 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD** Lloyd Arthur Young  
**5. Date of Birth of Child**  
 (Month, day, year) April 25 1897

**6. Sex** Male **7. Twin or Triplet** Triplet **If so—born** 1st, 2nd, 3rd  
**8. No. months of Pregnancy** **9. Legitimate?** Yes

**FATHER OF CHILD**  
**10. FULL NAME** Frederick W. Young  
**11. Color or Race** White **12. Age at time of THIS birth** 27 yrs.  
**13. Birthplace** Saledonia, Ontario, Canada  
 (City or town) (State or foreign country)  
**14. Exact Occupation**  
**15. Industry or Business**

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Lillian D. Jackson  
**17. Color or Race** White **18. Age at time of THIS birth** 28 yrs.  
**19. Birthplace** Brantford, Ontario, Canada  
 (City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**  
**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
 (First name) (Last name)  
 (Mother, etc.)

**25. Attendant's OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign direct knowledge of in Item 25.

I, the undersigned, being first duly sworn, say that I am the a person having \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Dr. Louis C. Bowers, who attended this birth is now deceased. I further state that \_\_\_\_\_  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Miday Signature

713 Franklin St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942, 19\_\_\_\_.

(SEAL) \_\_\_\_\_ Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mary E. Eden, Registrar.

MAY 7 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-120014-791

343715

343715

United States **MAY 7**  
Department of Commerce  
Bureau of the Census

1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Canyon (b) City Middletown  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Middletown  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Middletown, Idaho

5. Date of Birth of Child  
(Month, day, year) May 20, 1897

**4. FULL NAME OF CHILD** Marvin Arthur Shaffer

6. Sex Male 7. Twin or - Triplet If so - born 1st, 2nd/3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Porter Brown Shaffer  
11. Color White 12. Age at time of THIS birth 44 yrs.  
13. Birthplace Caldwell Co. Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Julia Alice Gray  
17. Color White 18. Age at time of THIS birth 36 yrs.  
19. Birthplace Caldwell Co. Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housekeeper  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

25. Attendant's OWN signature Oliver Hall M.D. Midwife Address Middletown Date 5-2-42

State of.....ss.  
County of.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature  
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mary E. Eden, Registrar.

MAY 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

192-29001 914

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

343726

343726

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth).

(a) County Ada (b) City Meridian  
(c) Street Address or R.F.D. No. #1  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Meridian  
(d) Street Address or R.F.D. No.   
(e) How long has MOTHER lived in Idaho?.....yrs.

**4. FULL NAME OF CHILD.**

Lelia Myrtle Aiken

**6. Sex**

Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? ☒

**3. RESIDENCE OF FATHER** (city, state) Meridian, Ida.  
5. Date of Birth of Child  
(Month, day, year) Jan 19, 1897

**10. FULL NAME**

Ira Le Roy Aiken

**11. Color**

White

**12. Age at time**

30 yrs.

**13. Birthplace**

Idaho

(City or town) (State or foreign country)

**14. Exact**

Occupation Farmer

**15. Industry or**

Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Ada Elizabeth Rankin

**17. Color**

White

**18. Age at time**

22 yrs.

**19. Birthplace**

Idaho

(City or town) (State or foreign country)

**20. Exact**

Occupation Housewife

**21. Industry or**

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by..... who is related to this child as.....

(Mother, etc.)

(First name)

(Last name)

**25. Attendant's**

OWN signature

M.D.

Midwife

Address 1315 Grove St Date

State of.....

County of.....

ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears

(Mother, etc.)

in Item 4 above, that I am now..... years of age, that I have known this person for..... years, and that

..... who attended this birth..... I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Elizabeth Aiken

Signature

1315 Grove St. Boise

P. O. Address

Subscribed and sworn to before me this..... day of....., 1942

(SEAL)

May

1942

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

MAY 9 1942

by.....

Marj F. Elder

Registrar.

MAY 9 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-109028-645

343780

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Harrison</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Harrison</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Donald Marion Orvis</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>July 9, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>Nine</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Herbert Loren Orvis</u>		<b>16. FULL MAIDEN NAME</b> <u>Jennette Odell</u>	
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>36</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>25</u> yrs.
<b>13. Birthplace</b> <u>Ione County Michigan</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Oceanina County Michigan</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Gardner</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>not known</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** M.D. Address Date  
Washington Spokane ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
State of..... County of.....

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....Seventy.....years of age, that I have known this person for.....45.....years, and that.....Unknown.....Mrs. Glover....., who attended this birth.....is now deceased.....I further state that.....(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of.....May.....1942  
(SEAL).....Notary Public, residing at.....Spokane  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Marj Hecker, Registrar.

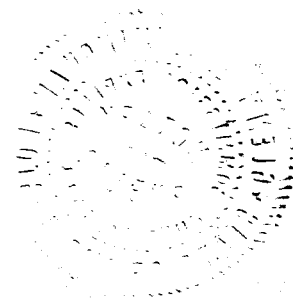


MAY 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-120025-412

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **343782**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of birth)  
(a) County Idaho (b) City Grangeville  
(c) Street Address or R.F.D. No. No  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 17 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of birth)  
(a) State Idaho (b) County Idaho  
(c) City Grangeville  
(d) Street Address or R.F.D. No. No  
(e) How long has MOTHER lived in Idaho? 17 yrs.

4. FULL NAME OF CHILD Samuel Stephen Rossiter

5. Date of Birth of Child Sept. 29, 1897  
(Month, day, year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Stephen Rossiter  
11. Color White 12. Age at time of THIS birth 39 yrs.  
13. Birthplace State of Indiana  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

MOTHER OF CHILD  
16. FULL MAIDEN NAME Yarietta Mason  
17. Color White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace State of Ore.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Date

State of Idaho } ss.  
County of May Borel

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 45 years, and that Mr. Stockton, who attended this birth Dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30 day of April, 1942.  
(SEAL) [Signature] Notary Public, residing at Grangeville, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

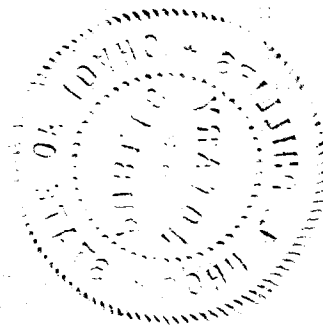
Received for filing on MAY 5 1942 by Mabel E. Eder, Registrar.

MAY 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

633-204025-533

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **343789**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City Whitebird  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Whitebird  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 4 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lillian Helen Otto

5. Date of Birth of Child  
(Month, day, year) July 4, 1897

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Edward Rodolph Otto  
11. Color White 12. Age at time of THIS birth ..... yrs.  
or Race Platteville Wisconsin  
13. Birthplace (City or town) (State or foreign country)  
14. Exact Occupation Stockman  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lucy Elliott  
17. Color White 18. Age at time of THIS birth 22 yrs.  
or Race Pomeroy, Washington  
19. Birthplace (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho ss.  
County of Idaho

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that Miss Mopha who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha F. Otto Signature  
Whitebird, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 1947.  
(SEAL) Martha F. Otto Notary Public, residing at Whitebird

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

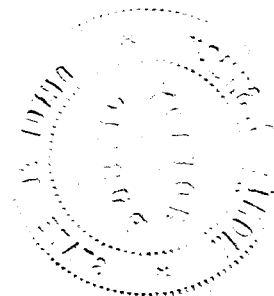
Received for filing on 5 1947 by Martha F. Otto, Registrar.

MAY 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



959-227014-268

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **343850**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Canyon** (b) City **Middleton**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: **at home**  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county **12** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Canyon**  
(c) City **Middleton**  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? **12** yrs.

4. **FULL NAME OF CHILD** **Ora Bertha Reinemer**

3. **RESIDENCE OF FATHER** (city, state) **Middleton Idaho**  
5. Date of Birth of Child  
(Month, day, year) **Oct 27, 1897**

6. Sex **Female** 7. Twin or Triplet **Neither** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

**FATHER OF CHILD**

10. **FULL NAME** **Henry George Reinemer**  
11. Color **White** 12. Age at time of THIS birth **29** yrs.  
13. Birthplace **Missouri**  
(City or town) (State or foreign country)  
14. Exact Occupation **Blacksmith**  
15. Industry or Business **Business of his own**

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** **Ada Kohlhepp**  
17. Color **White** 18. Age at time of THIS birth **18** yrs.  
19. Birthplace **Oregon City Oregon**  
(City or town) (State or foreign country)  
20. Exact Occupation **House wife**  
21. Industry or Business **None**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Unknown**  
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Alive** at **8 A.** A.M. on the date **Oct 27, 1897**  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by **Ada Reinemer**, who is related to this child as **Mother**  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature **Bertha Kohlhepp** M.D. Midwife Address **Middleton Idaho** Date **Oct 27, 1897**

State of **Oregon** County of **Middleton** ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **44** years, and that **Mother**, who attended this birth, (Is now deceased) or (Cannot be located)

(First name) (Last name) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **11** day of **May**, 1942, at **Salem Oregon**  
(SEAL) **Fredrick G. Delano** Notary Public, residing at **Salem Oregon**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on **MAY 4 1942** by **Nancy E. Egan** Registrar.

MAY 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693 205031 231

343874

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County LEWIS (b) City FOREST  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County LEWIS  
(c) City FOREST  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) FOREST, IDAHO  
5. Date of Birth of Child  
(Month, day, year) AUG 5, 1897

4. **FULL NAME OF CHILD** GLADYS WILSON  
7. Twin or Triplet If so—born 1st, 2nd, 3rd  
6. Sex FEMALE

8. No. months of Pregnancy  
9. Legitimate? YES

**FATHER OF CHILD**  
10. **FULL NAME** WILLIAM J. WILSON  
11. Color or Race WHITE 12. Age at time of THIS birth..... yrs.  
13. Birthplace MICHIGAN  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** ROSE A. SLAVENS  
17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.  
19. Birthplace OREGON  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of LEWIS } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for Since Birth years, and that Mr. E. Nelson who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. J. Wilson Signature  
Winchester Idaho P. O. Address

Subscribed and sworn to before me this 23 day of May, 1942  
(SEAL) W. F. Lentz Notary Public, residing at Winchester Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Wm. J. Wilson Registrar.



NO. 401

100

235-224 003-523

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

343875

1. PLACE OF BIRTH  
County of Mc Camor  
City of \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

## 2. FULL NAME OF CHILD

Mae Elizabeth Stevens

3. Sex Female If plural { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
births { 5. Number, in order of birth \_\_\_\_\_ Full term ✓ mate? yes 8. Date of  
birth June 24, 1897  
(Month, Day, Year)

9. Full name FATHER  
William Fisher Stevens

10. Residence (usual place of abode)  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 25 (years)

13. Birthplace (city or place) Muscantine  
(State or Country) Iowa

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.

16. Date (month and year)  
last engaged in this work  
June, 1897

17. Total time (years) spent  
in this work 5

18. Full maiden name MOTHER  
Ada Minerva Esler

19. Residence (usual place of abode)  
(If non-resident, give place and State)

20. Color or race white 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Harrisburg  
(State or Country) Pennsylvania

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. housekeeper

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.

25. Date (month and year)  
last engaged in this work  
\_\_\_\_\_, 19\_\_\_\_

26. Total time (years) spent  
in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn,  
period of gestation \_\_\_\_\_ { months  
or weeks

30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed MAY 4 1942, 193\_\_\_\_

Registrar.

Registrar.

When there was no attending physician  
or midwife, then the father, householder, etc.,  
should make this return.

Give name added from  
a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

WRITING EXCLUSIVELY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

DELETED

MAY 4 1942 303

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Michigan

County of Wayne

### AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Claude L. Stevens being first duly sworn says that

he is the brother of Mae Elizabeth Stevens  
(Relationship of child)\*

born June 24th 1897 at Macan County, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mae Elizabeth Stevens

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that \_\_\_\_\_, M. D., was the Midwife

medical attendant at the birth of said \_\_\_\_\_ and that

the said medical attendant is Not known to Claude L. Stevens  
(Now deceased (or) cannot be located)

Name of Affiant Claude L. Stevens

P. O. Address 15854 Lesure Detroit Mich

Subscribed and sworn to before me this 29th day of April, 19 42

Blavene W. Elmstead  
Notary Public.

Residing at \_\_\_\_\_, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Feb. 23, 1945

MAY 8 1942

464 121025-363

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **343945**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>White Bird</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>White Bird</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>0.8</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ernest Dourmeq</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 21-1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John Dourmeq</u>		<b>16. FULL MAIDEN NAME</b> <u>Helen Colmont</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>39</u> yrs.		<b>18. Age at time of THIS birth</b> <u>30</u> yrs.	
<b>13. Birthplace</b> <u>France</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Polka Mo.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>House wife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (First name) (Last name)  
 (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 7.2 years of age, that I have known this person for ..... years, and that Mrs. Holbrook, Nurse who attended this birth Is now deceased further state that (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Helen Dourmeq Signature  
White Bird Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942.  
 (SEAL) Monte C. Shovel Notary Public, residing at White Bird  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

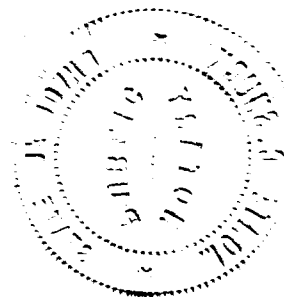
Received for filing on MAY 6 1942 by Mabel E. Eifer Registrar.

MAY 8 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419710 001-849

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

344008  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 13th Street  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 19 years 2 months 25 days

**4. FULL NAME OF CHILD**

Earl Chester Mares

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

**10. FULL NAME**

ISSAC D. MARES

11. Color white or Race

12. Age at time of THIS birth 26 yrs.

13. Birthplace MONTANA

(City or town)

(State or foreign country)

14. Exact Occupation LABORER

15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No. 13th St.

(e) How long has MOTHER lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

5. Date of Birth of Child

(Month, day, year) 10-6-6/10/97

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Hurst

17. Color White or Race

18. Age at time of THIS birth 19 yrs.

19. Birthplace Boise Idaho

(City or town)

(State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.  
County of Myrtle

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that

Earl Chester Mares who attended this birth None I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Thompson Signature

P. O. Address

Subscribed and sworn to before me this 4 day of May, 1947

(SEAL)

Thomas H. Hays

Notary Public, residing at Twisted Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942

by

Mabel E. Eason

Registrar.



APR 14 1942

MAY 14 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-105004-494

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

344079

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Wardboro</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>21</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Wardboro</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ernest Marlon Dalrymple</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 5, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Marlon Carlos Dalrymple</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>26</u> yrs. <b>13. Birthplace</b> <u>Idaho</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Rachel Dismick</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>21</u> yrs. <b>19. Birthplace</b> <u>Bloomington</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at 9 P.M. on the date (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by Rachel Dalrymple who is related to this child as mother (First name) (Last name)  
 (Mother, etc.)

**25. Attendant's OWN signature** M.D. Midwife Address Date

State of Idaho } ss.  
 County of Bear Lake

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 26 years of age, that I have known this person for 44 years, and that Jane Sparks who attended this birth is now deceased further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Dalrymple Signature  
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942  
 (SEAL) Clas E. Harris Notary Public, residing at Montpelier, Ida  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Maud E. Harris Registrar.

**MAY 11 1942**

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **344099**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Shoshone (b) City Wardner  
(c) Street Address or R.F.D. No. Small village  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Wardner  
(d) Street Address or R.F.D. No. Small village  
(e) How long has MOTHER lived in Idaho? 1 yr. yrs.  
**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Herman Nicklos Snider  
**6. Sex** M. **7. Twin or Triplet no.** 1 **If so—born** 1st, 2nd, 3rd

**5. Date of Birth of Child** (Month, day, year) Dec. 24, 1897  
**8. No. months of Pregnancy** 9 **9. Legitimate?** yes.

**FATHER OF CHILD**  
**10. FULL NAME** Henry Snider  
**11. Color** white **12. Age at time of THIS birth** 50 yrs.  
**13. Birthplace** Germany  
(City or town) (State or foreign country)  
**14. Exact Occupation** worked in mine  
**15. Industry or Business** miner

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Louise Keeter  
**17. Color** white **18. Age at time of THIS birth** 38 yrs.  
**19. Birthplace** Germany  
(City or town) (State or foreign country)  
**20. Exact Occupation** housewife  
**21. Industry or Business** housewife

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** unknown  
**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** WASHINGTON **M.D.** Midwife **Address** Address **Date** Address

State of WASHINGTON } ss.  
County of SNOHOMISH

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for life years, and that ..... Davis who attended this birth is now deceased I further state that .....  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Benjamin G. Schneider Signature  
Arlington, Washington P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942  
(SEAL) W. N. Louder Notary Public, residing at Arlington, Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by W. N. Louder Registrar.

MAY 11 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-112-007 MAY 14 1942

344256 344256

United States  
Department of Commerce  
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Blaine (b) City Hailey  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Blaine  
(c) City Hailey  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 2 yrs.

**4. FULL NAME  
OF CHILD**

Lloyd William Walker

**5. Date of Birth of Child**

(Month, day, year) November 12, 1941

**6. Sex**

Male

**7. Twin or  
Triplet**

If so—born  
1st, 2nd, 3rd

3rd

**8. No. months  
of Pregnancy**

9

**9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL  
NAME**

Thomas Walter Walker

**11. Color  
or Race**

White

**12. Age at time  
of THIS birth**

33 yrs.

**13. Birthplace**

Clinton

Missouri  
(City or town) (State or foreign country)

**14. Exact  
Occupation**

Miner

**15. Industry or  
Business**

Miner

**MOTHER OF CHILD**

**16. FULL MAIDEN  
NAME**

Margaret Friedrich

**17. Color  
or Race**

White

**18. Age at time  
of THIS birth**

25 yrs.

**19. Birthplace**

Buchenbach

Germany  
(City or town) (State or foreign country)

**20. Exact  
Occupation**

Housewife

**21. Industry or  
Business**

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child third (b) Born alive and now living third

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

(Mother, etc.)

**25. Attendant's  
OWN signature**

**M.D.**

Midwife

Address

Date

State of.....  
County of..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears  
in Item 4, above, that I am now.....70.....years of age, that I have known this person for.....life.....years, and that

.....Miss Case....., who attended this birth.....deceased.....I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Margaret Friedrich Walker Signature

Hailey Idaho P. O. Address

Subscribed and sworn to before me this.....day of.....1942

(SEAL)

Thyrsa L. Bruner Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

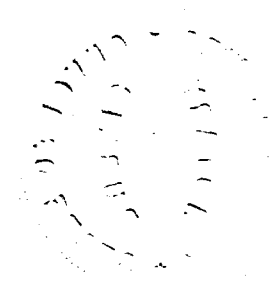
Received for filing on MAY 14 1942 by Mamie E. Elder Registrar.

4 182

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



443 116 020-866

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

344309  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Mountainhome</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>(Residence)</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>6</u> months <u>15</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Mountainhome</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Dale Gatewood Mullins</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Mountainhome, Idaho</u> <b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan. 16, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>      </u> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Wm A. Mullins</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>30</u> yrs. <b>13. Birthplace</b> <u>Lancaster Kentucky</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Teacher</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Eva Ann Howard</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>21</u> yrs. <b>19. Birthplace</b> <u>Moscow Idaho</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (First name) (Last name)  
 (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.  
 County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Dr. Wm F. Smith, who attended this birth and deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8th day of May, 1942.  
 (SEAL) W. H. Plummer Notary Public, residing at 724 N. Jefferson Blvd Los Angeles, California

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)  
 I am for the County of Los Angeles, State of California.

Received for filing on MAY 11 1942 by Mrs. E. E. Baker, Registrar.

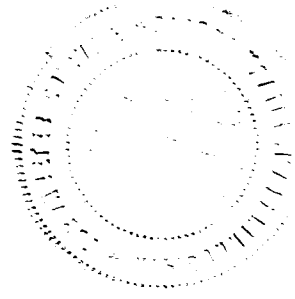


MAY 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

254-204029-559

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

344312

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City MOSCOW  
(c) Street Address or R.F.D. No. #2  
(d) Name of Hospital or Maternity Home:  
AT HOME  
(e) Mother's stay BEFORE delivery:  
IN THIS county 9 years — months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County Latah  
(c) City MOSCOW  
(d) Street Address or R.F.D. No. 2  
(e) How long has MOTHER lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) MOSCOW IDAHO

5. Date of Birth of Child  
(Month, day, year) AUGUST 4" 1897

**4. FULL NAME OF CHILD** EDRA GLADYS KNUDTSON

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy FOUR 9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME John Knudtson  
11. Color or Race White 12. Age at time of THIS birth 45 yrs.  
13. Birthplace SANDS NORWAY  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME JULIA ANNIE NELSON  
17. Color or Race White 18. Age at time of THIS birth 44 yrs.  
19. Birthplace LOFOTEN ISLAND NORWAY  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.  
County of Spokane

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Hopie Schumacher who attended this birth cannot be located further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida L. Davis Signature  
5.3.16 M. Davis P. O. Address  
may

Subscribed and sworn to before me this 5th day of May, 1942  
(SEAL) Notary Public, residing at Spokane, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by M. J. [Signature], Registrar.

MAY 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **344318**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Bear Lake** (b) City **Dingle**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county **13** years **9** months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Bear Lake**  
(c) City **Dingle**  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? **13 3/4 yrs.**  
**3. RESIDENCE OF FATHER** (city, state) **Dingle, Idaho**

**4. FULL NAME OF CHILD** **ALFRED LAMONT DAVIS**  
**6. Sex** **Male**  
**7. Twin or Triplet** ..... **8. No. months of Pregnancy** **9**  
**9. Legitimate?** **yes**

**5. Date of Birth of Child**  
(Month, day, year) **June 11, 1897.**

**FATHER OF CHILD**  
**10. FULL NAME** **George James Davis,**  
**11. Color or Race** **White** **12. Age at time of THIS birth** **41** yrs.  
**13. Birthplace** **Salt Lake City, Utah.**  
(City or town) (State or foreign country)  
**14. Exact Occupation** **Carpenter**  
**15. Industry or Business** **building trades.**

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** **Tryphena Loanna Terry**  
**17. Color or Race** **White** **18. Age at time of THIS birth** **36** yrs.  
**19. Birthplace** **Union, Salt Lake Co. Utah.**  
(City or town) (State or foreign country)  
**20. Exact Occupation** **Housewife at home**  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child **12** (b) Born alive and now living **9**

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was **born alive** at **2. P.M.** on the date **June 11, 1897** (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of **California** ..... ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of **Los Angeles** .....

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **82** years of age, that I have known this person for **44** years, and that **Jana Sparks**, who attended this birth **now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Tryphena Loanna Terry Davis** Signature  
**6105 Walker Ave. Maywood, California** P.O. Address

Subscribed and sworn to before me this **4th** day of **May**, 19**42**.  
(SEAL) **W. S. Sheets** Notary Public, residing at **Maywood, California.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires **Jan. 28 1945**

Received for filing on **MAY 11 1942** by **Maud T. Keeler** Registrar.

MAY 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

257-214 004 864

344487

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Bear Lake (b) City Montpelier  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 28 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Bear Lake  
(c) City Montpelier  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

**3. RESIDENCE OF FATHER** (city, state) Montpelier, Ida

5. Date of Birth of Child  
(Month, day, year) 5/14/1897

**4. FULL NAME OF CHILD** Ellen Bagley

6. Sex female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd         
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Joseph Bagley  
11. Color white 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Nottinghamshire, England  
(City or town) (State or foreign country)  
14. Exact Occupation Engineer onf railway.  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Isabelle Young  
17. Color white 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Montpelier, Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife.  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know medicine used.  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature        M.D.        Address        Date         
Midwife

- State of Idaho County of Bear Lake } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all her life years, and that Frances Bridges, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Isabelle Young Bagley Signature  
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942.  
(SEAL) Chas E. Harris Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mary E. Bates Registrar.

MAY 15 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-425-033962

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **344515**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Madison (b) City Rexburg  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Madison  
(c) City Rexburg  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 7 yrs.

**4. FULL NAME OF CHILD**

Carl Roger Frost

**3. RESIDENCE OF FATHER** (city, state)

Rexburg, Ida  
5. Date of Birth of Child  
(Month, day, year) Mar. 23, 1897

**6. Sex**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**10. FULL NAME**

Christian Frost

11. Color or Race white

12. Age at time of THIS birth 39 yrs.

13. Birthplace

Oberstenfeld Germany  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Caroline Roser

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace

Oberstenfeld Germany  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Madison } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Mrs. Mary (First name) Maly (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL)

Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

**MAY 13 1942**

by

Mary E. Fisher

Registrar.



MAY 15 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

254 109 029 753

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

344525  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>20</u> years <u>0</u> months <u>0</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho <u>30</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Elmer Clarence Knutson</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>June 9, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>No</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Steiner Knutson</u>		<b>16. FULL MAIDEN NAME</b> <u>Cinnie Peterson</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>47</u> yrs.		<b>18. Age at time of THIS birth</b> <u>42</u> yrs.	
<b>13. Birthplace</b> <u>Norway</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Norway</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Farmer</u>		<b>21. Industry or Business</b> <u>Housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>no</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>11</u> (b) Born alive and now living <u>6</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** Idaho **M.D.** Brother **Address** Idaho **Date** May 13, 1942

State of Idaho County of Boise } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that Mrs. Carry Knutson, who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of May, 1942  
(SEAL) Wm. L. Phillips Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

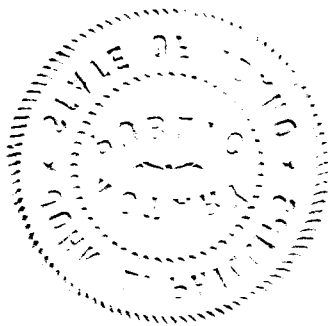
Received for filing on MAY 13 1942 by Mary E. Eber Registrar.

MAY 15 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259 221 029 693

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **344662**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City ..... (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City ..... (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>20</u> yrs	
<b>4. FULL NAME OF CHILD</b> <u>Elsie May Berry</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Sept 21st 1944</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>No</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Idaho</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Larry Logan Berry</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>27</u> yrs. <b>13. Birthplace</b> <u>Empart Missouri</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> .....		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Florence Josephene Williams</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>24</u> yrs. <b>19. Birthplace</b> <u>Bedonia Kansas</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> .....	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** Idaho **M.D.** ..... **Address** ..... **Date** .....

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Mrs. Dickman, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Florence Etter Signature

Subscribed and sworn to before me this 7th day of May 1944  
(SEAL) W. H. Harrison Notary Public, residing at Podatch, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mrs. E. E. Lefler Registrar.

MAY 16 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT

STATE OF IDAHO        )  
                              )  
County of Latah        )     ss

Florence Josephine Etter, being first duly sworn on oath deposes and says:

That she is the mother of Elsie Mae Berry, who was born in Latah County, Idaho on the 21st day of September, 1897; that at the time of the birth of said Elsie Mae Berry, this affiant's name was Florence Josephine Berry, and that the name of the father was Lowrey Logan Berry, who died November 30, 1911; that this affiant further states that the said Elsie Mae Berry made an application for delayed certificate of birth as provided for and in the laws of the state of Idaho, but that due to a mistake, the said delayed certificate of birth shows the said Elsie Mae Berry as born September 21, 1898; this error was due to the fact that most of the records showing the true date of birth was lost by fire. Subsequently, the discrepancy was discovered and affiant states that the said Elsie Mae Berry was born at the time and place shows herein.

Dated this 11th day of July, 1942.

Florence Josephine Etter

Subscribed and sworn to before me this 11th day of July, 1942.

Robert W. Peterson  
Notary Public in and for the State of  
Idaho, residing at Moscow, Idaho

JUL 15 1942

APPENDIX

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344698

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Kootenai (b) City Rathdrum  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
IN THIS county 8 years -- months -- days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Kootenai  
(c) City Rathdrum  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 48 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rathdrum, Ida.

5. Date of Birth of Child  
(Month, day, year) Sept. 15, 1897

**4. FULL NAME OF CHILD** FRANK LESLIE WHITE

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd XXXX 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Frank M. White  
11. Color White 12. Age at time of THIS birth 44 yrs.  
13. Birthplace Norwich New York  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Josephine V. Lancaster  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Keokuk Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Dr. Frank Wenz, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)  
Josephine V. White Signature  
Rathdrum, Idaho P. O. Address

Subscribed and sworn to before me this 12<sup>th</sup> day of May, 1942.  
(SEAL) Notary Public, residing at Rathdrum, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by John E. [Signature], Registrar.

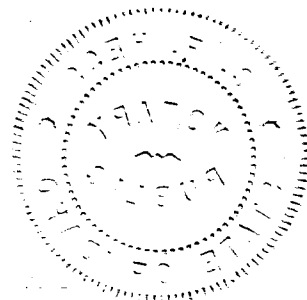


MAY 16 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381131025-365

344713

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Westlake</u> (c) Street Address or R.F.D. No. <u>X</u> (d) Name of Hospital or Maternity Home: <u>X</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>5</u> years <u>X</u> months <u>X</u> days	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Westlake</u> (d) Street Address or R.F.D. No. <u>X</u> (e) How long has MOTHER lived in Idaho? <u>Deceased</u> yrs.
---	--

<b>4. FULL NAME OF CHILD</b> <u>Roy Burton Chase</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Dec. 31, 1897</u>
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> <u>X</u> <b>If so—born 1st, 2nd, 3rd</b> <u>X</u>	<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u>

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Ernest L. Chase</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>33</u> yrs. <b>13. Birthplace</b> <u>X</u> <u>Pennsylvania</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>X</u>	<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Nancy J. Conrad</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs. <b>19. Birthplace</b> <u>X</u> <u>Pennsylvania</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>X</u>
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum** X  
**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was X at X M. on the date X and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** X **M.D.** X **Midwife** X **Address** X **Date** X  
State of Idaho County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am 72 years of age, that I have known this person for 22 years, and that Dr. H. B. Blake, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of April 1942  
(SEAL) William Lipps Signature  
Ferdinand Idaho P. O. Address  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)  
**JUSTICE OF THE PEACE**  
Scottonwood Precinct, Idaho County, Idaho

Received for filing on MAY 13 1942 by Marj E. Fisher Registrar.

MAY 18 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449 105029-399

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **344714**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Kendrick  
(c) Street Address or R.F.D. No. - -  
(d) Name of Hospital or Maternity Home: ..  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 7 years - months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Kendrick  
(d) Street Address or R.F.D. No. - - -  
(e) How long has **MOTHER** lived in Idaho? 16 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

**4. FULL NAME OF CHILD** Eugene Ulmont Murphy  
**6. Sex** Male  
**7. Twin or Triplet** No If so—born 1st, 2nd, 3rd

**5. Date of Birth of Child**  
(Month, day, year) June 5, 1897

**8. No. months of Pregnancy** 9 mo. **9. Legitimate?** Yes

**FATHER OF CHILD**  
**10. FULL NAME** Asa H. Murphy  
**11. Color or Race White **12. Age at time of THIS birth** 35 yrs.  
**13. Birthplace Unknown Kansas  
(City or town) (State or foreign country)  
**14. Exact Occupation** Hostler  
**15. Industry or Business** None****

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Mamie Triney (alias Mary Jane)  
**17. Color or Race White **18. Age at time of THIS birth** 16 yrs.  
**19. Birthplace** Hamilton Ohio  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** - - -**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** None  
**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**Attendant deceased**

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is  
related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** Washington **M.D.** Franklin **Midwife** **Address** **Date**  
State of ..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign  
County of ..... } in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
in Item 4, above, that I am now 61 years of age, that I have known this person for 61 years, and that  
W. A. Rothwell who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Mamie Alias Mary Jane Triney Signature  
222 Bonneville St., Pasco, Washington P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942  
(SEAL) John Hemmer Notary Public, residing at Pasco, Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-319, Idaho Code annotated.)

Received for filing on MAY 13 1942 by Mamie Triney Registrar.

MAY 16 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

- Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

444-113-016-432

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

344722

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. <u>Gen Delivery</u> (d) Name of Hospital or Maternity Home: <u>own home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>13</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. <u>Gen Delivery</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Arthur Delno Dummer</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Oakley, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>3-13-1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Charles Arthur Dummer</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>27</u> yrs. <b>13. Birthplace</b> <u>St. Thomas Clark Co., Nev.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Stockman</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Agnes Janett McBride</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>Grantsville, Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> ..... <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>7</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at 2 9 A.M. on the date (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by Agnes Dummer, who is related to this child as Mother (First name) (Last name)  
 (Mother, etc.)

**25. Attendant's OWN signature** Agnes Dummer **M.D.** **Midwife** **Address** **Date**

State of California County of Los Angeles ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 45 years, and that Arthur D. McBride who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Dummer Signature  
211 W. 7th St. P. O. Address

Subscribed and sworn to before me this 12 day of May, 19 42  
 (SEAL) R. Dwyer Notary Public, residing at 2610 Juliet St.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 9, 1945

Received for filing on MAY 14 1942 by [Signature] Registrar.

MAY 16 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434-101-028-299

344785

344785

United States  
Department of Commerce  
Bureau of the Census

MAY 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Kootenai (b) City SAND POINT  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Sand Point  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 4 yrs.  
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Anna McDonald  
6. Sex M  
7. Twin or Triplet  
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 3/1/1897  
8. No. months of Pregnancy 9  
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jessie Kirby McDonald  
11. Color white 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Idaho (City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Brisco  
17. Color white 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Idaho (City or town) (State or foreign country)  
20. Exact Occupation Home wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 45 years, and that Mrs. Brisco (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie R. McDonald Signature  
Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.  
(SEAL) Notary Public Notary Public, residing at Weiser, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mary E. Edgar Registrar.

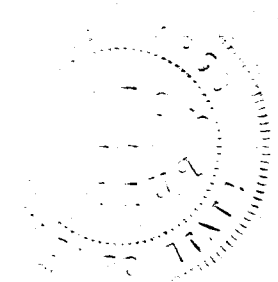


MAY 10 1937

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

344845  
State File No.  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH**

(a) County Carrizo (b) City Soda Springs  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. days.  
IN THIS county 1897 years not, month 8 days

**2. USUAL RESIDENCE of MOTHER** (At time of this birth)

(a) State Idaho (b) County Bannock  
(c) City Soda Springs, Idaho  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 24 yrs.  
(f) Mother's mailing address Soda Springs, Idaho

**3. RESIDENCE of FATHER** (city, state)

**4. FULL NAME OF CHILD**

George William Tarr, Jr.

**5. Date of Birth**

(Month, day year) Nov. 8, 1897

6. Sex Male  
7. Twin or Triplet One

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME George William Tarr, Sr.

11. Color or Race W. Int. 12. Age at time of THIS birth 27 yrs.

13. Birthplace Bates County, Missouri  
(City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Laura Horsley

17. Color or Race White 18. Age at time of THIS birth 24 yrs.

19. Birthplace Idaho  
(City or town) (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business

Nitrate of Silver

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was 5 A. at M. on the date Nov. 8, 1897 (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Laura Horsley Tarr, who is related to this child as Mother (First name) (Last name)

26. (a) MAY 14 1942 (Date received)  
(b) [Signature] (Registrar's signature)

25. Attendant's [Signature] OWN signature Ellis Kackley M.D.  
(D.O., Midwife, etc.)

27. Given name added on Nov. 14, 1942 by [Signature]  
(Registrar's signature)

and address Soda Springs, Idaho 2-14-42

State of Idaho } ss.  
County of Bannock }

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, [Signature], being first duly sworn, say that I am related to (or) acquainted with (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that [Signature] (Name of attendant at birth), who attended said birth, and that this birth has **not been previously recorded**.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 14 day of May, 1942

(SEAL)

Notary Public, residing at [Address]

Signature  
P. O. Address

JAN 7 - 1966

64/1 7 9 1966

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

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752.107.014-413

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

344926  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Caribou (b) City Coaldwell  
(c) Street Address or R.F.D. No. Gen. Del.  
(d) Name of Hospital or Maternity Home: Paul Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 6 years 2 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. Gen. Del.  
(e) How long has MOTHER lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD Frank DEWITT GESS  
6. Sex Male 7. Twin or Triplet      If so—born 1st, 2nd, 3rd     

3. RESIDENCE OF FATHER (city, state) Boise Idaho  
5. Date of Birth of Child (Month, day, year) July 7 1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Frank Gess  
11. Color White 12. Age at time or Race of THIS birth 30 yrs.  
13. Birthplace Coaldwell Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming & Stock  
22. Name prophylactic used to prevent Ophthalmia Neonatorum None

MOTHER OF CHILD  
16. FULL MAIDEN NAME Eva Estelle Naley  
17. Color White 18. Age at time or Race of THIS birth 25 yrs.  
19. Birthplace Unionville Indiana  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife on farm  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6 A. M. on the date 6 June 1942 (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Frank Gess, who is related to this child as Father (First name) (Last name)  
(Mother, etc.)  
25. Attendant's OWN signature Deceased M.D.      Midwife      Address      Date     

State of California County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 25 above, that I am now 75 years of age, that I have known this person for 45 years, and that Frank Gess who attended this birth (Deceased) I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of March, 1942.  
(SEAL) Mildred Steele Notary Public, residing at Baldwin Park, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 4-2-14, Idaho Code Annotated.)  
Signature Frank Gess  
851 1/2 W. Sanger Blvd., Baldwin Park, Calif. O. Address

Received for filing on MAY 15 1942 by Mary Fisher

MAY 21 1942

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

546-114-014-664

344981

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Canyon (b) City Payette  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Own residence  
(e) Mother's stay **BEFORE** delivery: 75 yrs.  
**IN THIS county** 37 years 10 months - days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Payette  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 75 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same (Dec.)

4. **FULL NAME OF CHILD** Elza Ivan Edwards  
5. Date of Birth of Child (Month, day, year) Nov. 14, 1897

6. Sex Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd         
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George William Edwards  
11. Color White 12. Age at time of THIS birth 45 yrs.  
13. Birthplace Southampton, England  
(City or town) (State or foreign country)  
14. Exact Occupation Smith  
15. Industry or Business Same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Matilda Agnes Womack  
17. Color White 18. Age at time of THIS birth 37 yrs.  
19. Birthplace (?) Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Information not available  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)

25. Attendant's (Physician, long M.D.         
**OWN signature** deceased Midwife Address Date

State of Oregon ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Marion

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 1/2 years, and that Dr. W. (?) Scott, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of May, 1942.  
(SEAL) James Lawrence Edwards Signature  
180 No. 21 St., Salem, Oregon P. O. Address  
Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated. Commission Expires Mar. 15, 1946)

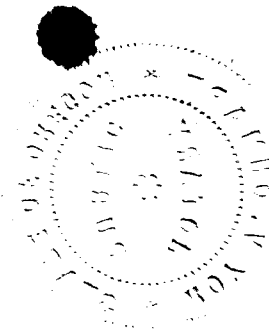
Received for filing on MAY 18 1942 by Marion 546-114-664 Registrar.

MAY 21 1937

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-106-228-719

344992

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years <u>10</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Earl Ernest Stowe</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Coeur d'Alene</u> 5. Date of Birth of Child (Month, day, year) <u>Mar. 6, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Charles Aleson Stowe</u>		<b>16. FULL MAIDEN NAME</b> <u>Blanche Isabelle Parsons</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>30</u> yrs.	<b>17. Color or Race</b> <u>white</u>	<b>18. Age at time of THIS birth</b> <u>27</u> yrs.
<b>13. Birthplace</b> <u>Mapleton Minn.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Blairtown Iowa</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Farming</u>		<b>21. Industry or Business</b> <u>Farming</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>Unknown</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** Washington **M.D.** Skagit **Midwife** **Address** **Date**  
State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Dr. Eldorin who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Blanche Stowe Signature  
Burlington, Washington P. O. Address

Subscribed and sworn to before me this 15 day of May, 19 42  
(SEAL) Alma Doran Notary Public, residing at Burlington  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary J. Baker Registrar.

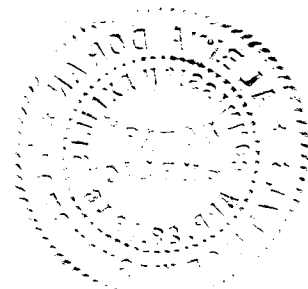


MAY 21 1948

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556-224-228-433

345005

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City COEUR D'ALENE  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County KOOTENAI  
(c) City COEUR D'ALENE  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? ABOUT 14 yrs.

3. RESIDENCE OF FATHER (city, state) SAME AS ABOVE

4. FULL NAME  
OF CHILD

JOSEPHINE ELIZABETH NEFF

5. Date of Birth of Child

(Month, day, year) SEPT. 24 1897

6. Sex FEMALE 7. Twin or Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL  
NAME

WILLIAM L. NEFF

11. Color WHITE 12. Age at time  
or Race of THIS birth yrs.

13. Birthplace PHILADELPHIA PA.  
(City or town) (State or foreign country)

14. Exact  
Occupation SOLDIER

15. Industry or  
Business ARMY, FT. SHERMAN, IDAHO

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

ANNA MCCARTHY

17. Color WHITE 18. Age at time  
or Race of THIS birth yrs.

19. Birthplace NEW YORK CITY N.Y.  
(City or town) (State or foreign country)

20. Exact  
Occupation HOUSEWIFE

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of CALIFORNIA ss.  
County of SAN FRANCISCO

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 55 years of age, that I have known this person for LIFE years, and that

....., who attended this birth CANNOT BE LOCATED I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of MAY, 1942.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) California

Received for filing on MAY 18 1942 by Mary E. E. E. Registrar.

MAY 21 1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

851-130-022-666

345017

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bremont</u> (b) City <u>Dubois</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bremont</u> (c) City <u>Dubois</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Glenn E Yeaman</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Idaho Dubois</u> 5. Date of Birth of Child (Month, day, year) <u>Jan 20 - 1897</u>	
6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy 9. Legitimate? <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Thomas Yeaman</u> <b>11. Color</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>30</u> yrs. <b>13. Birthplace</b> <u>Dubois Idaho</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Rail Road Work</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Woodhouse Yeaman</u> <b>17. Color</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>23</u> yrs. <b>19. Birthplace</b> <u>Manchester England</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife</u> <b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington County of Amite ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 45 years, and that Ann Olga Cummings who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me this 15th day of May 1942  
(SEAL) [Signature] Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

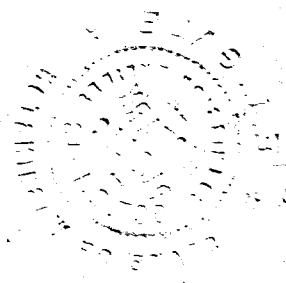
Received for filing on MAY 18 1942 by Mary E. Blum Registrar.

JUN 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Mapleton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Mapleton</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. <b>3. RESIDENCE OF FATHER</b> (city, state) Date of Birth of Child (Month, day, year) <u>Jan 19 1897</u>	
<b>4. FULL NAME OF CHILD</b> <u>Orrin Roland Merrill</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan 19 1897</u>	
<b>6. Sex</b> <u>Male</u>		<b>7. Twin or Triplet</b> <u>Triplet</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Samuel Adam Merrill</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>50</u> yrs. <b>13. Birthplace</b> <u>Ill.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elvira Tidwell</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>40</u> yrs. <b>19. Birthplace</b> <u>Orderville Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**  
**23. Number of children of this mother:** (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at                      M. on the date                       
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Family record, who is related to this child as                       
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**                      **M.D.**                      **Address**                      **Date**                     

State of Idaho County of Franklin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 45 years, and that Molly Thomas, who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Merrill George Signature  
Preston, Idaho P. O. Address  
Subscribed and sworn to before me this 19th day of May, 1942  
(SEAL)                      Notary Public, residing at Preston, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

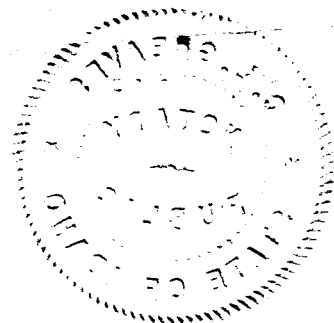
MAY 21 1942

JUN 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-116-029-168

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Latah (b) City Gemmer  
(c) Street Address or R.F.D. No. R.F.D. #1  
(d) Name of Hospital or Maternity Home:  
Farm Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 13 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Latah  
(c) City Gemmer  
(d) Street Address or R.F.D. No. R.F.D. #1  
(e) How long has MOTHER lived in Idaho? 13 yrs.

**3. RESIDENCE OF FATHER** (city, state) Gemmer Idaho**4. FULL NAME OF CHILD** Eddie Clifford Halverson

7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME John Halverson  
11. Color white 12. Age at time of THIS birth 46 yrs.  
13. Birthplace Land Norway  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Inga Johnson  
17. Color white 18. Age at time of THIS birth 39 yrs.  
19. Birthplace Oslo Norway  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at about 11 A.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Jennie Driscoll, who is related to this child as Sister  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho ss.  
County of Latah

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 44 years, and that Dr. Beck, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Jennie Driscoll Signature  
Route #1, Troy, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942.  
(SEAL) Levin D. Peterson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary E. [unclear] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

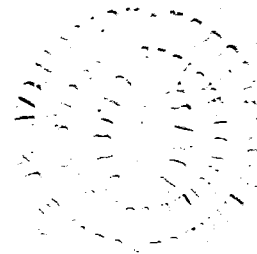


MAY 22 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-110-604-714

346187

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Lanark  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 13 years 6 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Lanark  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 13 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Lanark, Idaho

4. **FULL NAME OF CHILD** Clarence Parker  
7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
6. Sex Male

5. Date of Birth of Child (Month, day, year) April 10, 1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Henry Parker  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Leicester England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Alice Gambling  
17. Color White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Southampton England  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

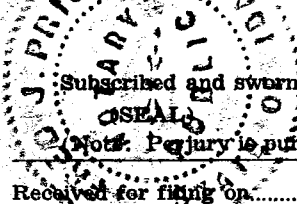
**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date  
State of Idaho } ss.  
County of Bear Lake }  
**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that Mrs. Christian Grunder is now deceased who attended this birth. I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 137, 1907 Session Laws.

Henry Parker Signature  
Ovid, Idaho R. F. D. P. O. Address  
Subscribed and sworn to before me this 13th day of May, 1942  
Notary Public, residing at Paris, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on MAY 20 1942 by Malvina E. Blaine Registrar.



MAY 25 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

316-128035-867

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

346219

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH:</b> (a) County <u>Pay</u> (b) City <u>Southwick</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. .... days. In THIS county. <u>2</u> years. .... months. .... days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State <u>Ida.</u> (b) County <u>Pay</u> (c) City <u>Southwick</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>57</u> yrs. (f) Mother's mailing address <u>Southwick Ida</u>	
<b>4. FULL NAME OF CHILD</b> <u>Alexander Edwin Lawrence</u>		<b>5. Date of Birth</b> <u>Feb 28-1897</u> (Month, day, year)	
<b>6. Sex</b> <u>m</u>	<b>7. Twin or Triplet</b> <u>1</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Lawrence</u> <b>11. Color or Race</b> <u>w</u> <b>12. Age at time of THIS birth</b> <u>26</u> yrs. <b>13. Birthplace</b> <u>Boston</u> <u>Mass</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b> <u>grain farming</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Myrtle Hepler</u> <b>17. Color or Race</b> <u>w</u> <b>18. Age at time of THIS birth</b> <u>21</u> years <b>19. Birthplace</b> <u>Columbus</u> <u>Ind</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>1</u> (d) Stillborn .....			

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 2 A.M. on the date Feb 28-1897 and at the place stated above, and that personal particulars were furnished by Wm Lawrence, who is related to this child as father.  
(First name) (Last name)

**26. (a)** MAY 20 1942 (Date received) Maude Hepler (Registrar's signature)

**27. Given name added on** ..... by Maude Hepler (Registrar's signature)

**25. Attendant's OWN signature** E.E. Hatten M.D. or (D.O., Midwife, etc.)  
and address Gifford Ida Date 5-12-1942

State of ..... } ss.  
County of .....

I, ....., being first duly sworn, say that I am ..... (Related to (or) acquainted with) .....  
..... as ..... (State relationship or acquaintance) ..... whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth) ..... who attended said birth ..... and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

..... Name  
..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....  
(SEAL) ..... Notary Public, residing at .....

DISC 11  
MAY 23 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

981-211-007-265

346335

346335

United States  
Department of Commerce  
Bureau of the Census

MAY 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Soldier  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
Birth took place in the home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 9 years 3 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine  
(c) City Soldier  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier, Ida

4. FULL NAME  
OF CHILD

Margaret Teresa Ryan

5. Date of Birth of Child

(Month, day, year) 10-11-1897

6. Sex Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL  
NAME

John Ryan

11. Color White 12. Age at time  
or Race of THIS birth 41 yrs.

13. Birthplace Kilcomon Ireland  
(City or town) (State or foreign country)

14. Exact  
Occupation Farmer

15. Industry or  
Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

Mary Sweeney

17. Color White 18. Age at time  
or Race of THIS birth 35 yrs.

19. Birthplace Kilcomon Ireland  
(City or town) (State or foreign country)

20. Exact  
Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of.....  
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears  
(Mother, etc.)

in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that

Melinda Jane Severe, who attended this birth.....deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of.....19.....

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....MAY 26 1942.....by Mary E. Elder Registrar.

AUG 2 1965

MAY 26 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-202-222-431

346368

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Fremont (b) City Rea  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Fremont  
(c) City Rea  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state) Rea Idaho

5. Date of Birth of Child  
(Month, day, year) 12-2-1897

**4. FULL NAME OF CHILD**

Mollie Shirley Kooch

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John William Kooch  
11. Color or Race White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Nashville Tennessee  
(City or town) (State or foreign country)  
14. Exact Occupation Stockman  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Margaret Mc Alpine  
17. Color or Race White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Bozale Scotland  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Fremont ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 44 years, and that Camell Louise, who attended this birth Deceased, I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W Kooch Signature  
Mollie Shirley Kooch P. O. Address

Subscribed and sworn to before me this 19 day of May, 1941  
(SEAL) Thos. Adams Notary Public, residing at St Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Thos. Adams Registrar.



MAY 25 1962

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 346422  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Parthill  
(c) Street Address or R.F.D. No. IDAHO  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME  
OF CHILD

Dollie Henrietta Currie

6. Sex

Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL  
NAME

John Henry Currie

11. Color  
or Race

White

12. Age at time  
of THIS birth

35 yrs.

13. Birthplace

Idaho City

Idaho

(City or town)

(State or foreign country)

14. Exact  
Occupation

Farmer

15. Industry or  
Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

Julie Belle Eutsler

17. Color  
or Race

White

18. Age at time  
of THIS birth

10 yrs.

19. Birthplace

Kamela City

Kansas

(City or town)

(State or foreign country)

20. Exact  
Occupation

Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

3

(b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date May 14-42

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Hatty Campbell, who is related to this child as is Aunt

(First name)

(Last name)

(Mother, etc.)

25. Attendant's  
OWN signature

Hatty Campbell

M.D.  
Midwife

Address

Lewiston Ida Date May 14-42

State of Idaho ss.  
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the at of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 years, and that

Hatty Campbell, who attended this birth at I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 22 day of May, 1942

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942

by Mary E. Eutsler, Registrar.

MAY 25 1949

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-214-004-255

346457

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Liberty  
(c) Street Address or R.F.D. No. R.F.D. #1  
(d) Name of Hospital or Maternity Home:  
.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Liberty  
(d) Street Address or R.F.D. No. R.F.D. #1  
(e) How long has **MOTHER** lived in Idaho? 25 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Liberty, Idaho

4. **FULL NAME OF CHILD** Esther Sarah Matthews

5. Date of Birth of Child  
(Month, day, year) Aug. 14, 1897

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Matthews  
11. Color White 12. Age at time of THIS birth 54 yrs.  
13. Birthplace North Hill Bedfordshire Eng.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Esther Kennington  
17. Color white 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Tonale Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Liberty M. on the date Aug. 14, 1897  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Ida E. Jensen, who is related to this child as mother  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature Ida E. Jensen M.D. Midwife Address Liberty, Idaho Date Aug. 14, 1942  
State of Wyoming County of Lincoln } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Mary Hymas who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of March, 1942.  
(SEAL) Annie Rindleton Notary Public, residing at Kemmerer, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Ida E. Jensen Registrar.

MAY 26 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-120-008-294

346497

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County BOISE (b) City VAN WYCK  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 17 years 1 months  days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County BOISE  
(c) City VAN WYCK  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 17 yrs.

4. **FULL NAME OF CHILD** EARL ARNER KIMBALL

3. **RESIDENCE OF FATHER** (city, state) VAN WYCK, IDA  
5. Date of Birth of Child  
(Month, day, year) 9-30-1897

6. Sex MALE 7. Twin or Triplet  If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy  9. Legitimate? YES

**FATHER OF CHILD**  
10. **FULL NAME** LEYI SILAS KIMBALL  
11. Color WHITE 12. Age at time of THIS birth 45 yrs.  
13. Birthplace MARIONO ILLINOIS  
(City or town) (State or foreign country)  
14. Exact Occupation FARMING  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** EMMA A. KIMBALL  
17. Color WHITE 18. Age at time of THIS birth 40 yrs.  
19. Birthplace MILWAUKEE WISCONSIN  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 12

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of WASHINGTON } ss.  
County of IT. WAP

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 44 years, and that NOT KNOWN who attended this birth..... I further state that (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of MAY, 1942  
(SEAL) Robert H. [Signature] Notary Public, residing at Port Orchard  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by [Signature] Registrar.

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-212-1002-132

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **346585**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Adams</u> (b) City <u>Meadows</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years <u>10</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>Meadows</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Same</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>11-12-1897</u>	

<b>4. FULL NAME OF CHILD</b> <u>Pearl Bell, Riggle</u>		<b>7. Twin or Triplet</b> <u>----</u> <b>If so—born</b> <u>1st, 2nd, 3rd</u>		<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>Yes</u>	
<b>6. Sex</b> <u>Female</u>							

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>John Clinton, Riggle</u> <b>11. Color</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>32</u> yrs. <b>13. Birthplace</b> <u>Thurman, Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Harness Maker &amp; Carpenter</u> <b>15. Industry or Business</b> <u>None</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Anna M. Alkire</u> <b>17. Color</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>Reno, Iowa</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife</u> <b>21. Industry or Business</b> <u>None</u>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (Mother, etc.) (First name) (Last name)

**25. Attendant's OWN Signature** Lucas **M.D.** Midwife **Address** ..... **Date** .....

State of Idaho County of Lancaster } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 39 years, and that Edna who attended this birth ..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27 day of April 1942  
 (SEAL) Joseph N. Bradley Notary Public, residing at Lancaster, Neb.  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary E. Fisher Registrar.



MAY 27 1932

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-117-044-745

346624

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth):
  - (a) County Washington (b) City Weiser
  - (c) Street Address or R.F.D. No. Old Town of Weiser
  - (d) Name of Hospital or Maternity Home: Born in parents residence
  - (e) Mother's stay BEFORE delivery: IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
  - (a) State Idaho (b) County Washington
  - (c) City Weiser
  - (d) Street Address or R.F.D. No. Old Town of Weiser
  - (e) How long has MOTHER lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Ervin Odus Greene 5. Date of Birth of Child (Month, day, year) Sept. 17, 1927

6. Sex male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy - 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Allen David Greene
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Irena A. Hamblin Greene
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business 4

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.  
County of Washington

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Dr Numbers who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emmett Greene Signature  
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 19 42

(SEAL) Notary Public, residing at Cambridge, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by MA, Registrar.

MAY 27 1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

718-205-029-766

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **346629**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **Idaho** (b) City **Cornwall**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years **8** months **10** days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Oregon** (b) County **Lane**  
(c) City **Cottage Grove**

(d) Street Address or R.F.D. No. **None**

(e) How long has MOTHER lived in Idaho? **2** yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child

(Month, day, year) **Apr. 5, 1897**

**4. FULL NAME OF CHILD**

**Dorothy Taylor**

6. Sex **Female** 7. Twin or Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy **9**

9. Legitimate? **Yes**

**FATHER OF CHILD**

10. FULL NAME **William Henry Taylor**

11. Color **white** 12. Age at time  
or Race of THIS birth **31** yrs.

13. Birthplace **Cottage Grove Oregon**  
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business **Farming**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **Clairinda Belle Powell**

17. Color **white** 18. Age at time  
or Race of THIS birth **26** yrs.

19. Birthplace **Albany Oregon**  
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business **Keeping Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of **Washington** } ss.  
County of **Chelan**

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears  
in Item 4 above, that I am now **72** years of age, that I have known this person for **44** years, and that

**Mrs. Sherry** (First name) (Last name), who attended this birth **is now deceased** I further state that  
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

**Clairinda Belle Taylor** Signature  
**534 So. Mission St. Wenatchee, Wash.** Address

Subscribed and sworn to before me this **21st** day of **May**, 19 **42**.

(SEAL)

**John A. Douglas**

Notary Public, residing at **Wenatchee, Wash.**

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 23 1942**

by **John A. Douglas** Registrar.

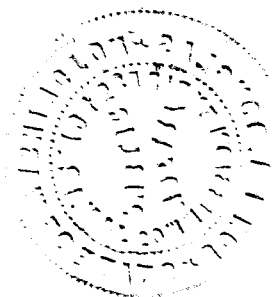
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MAY 27 1962

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

916-202-036-289

346649

346649

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Fairview  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Fairview  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Elsie Elizabeth Rawlings

**5. Date of Birth of Child** May 2 1897  
(Month, day, year)

**6. Sex** Female

**7. Twin or**  
Triplet

**If so—born**  
1st, 2nd, 3rd

**8. No. months**  
9  
**of Pregnancy**

**9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME** Ephrim James Rawlings  
**11. Color or Race** white **12. Age at time of THIS birth** 35 yrs.  
**13. Birthplace** England  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** .....

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Jane Shirts  
**17. Color or Race** white **18. Age at time of THIS birth** 39 yrs.  
**19. Birthplace** Mill Creek Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation** House wife  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Family record, who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of Idaho County of Franklin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 25 years, and that unknown, who attended this birth unknown I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of May, 1942

(SEAL)

Notary Public, residing at Franklin, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAY 27 1942

by

Mamie E. Egan

Registrar.

MAY 27 1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

595-119-24-295

346687

346687

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Canyon (b) City Caldwell  
(c) Street Address or R.F.D. No. 11  
(d) Name of Hospital or Maternity Home:  
At home of the mother's parents.  
(e) Mother's stay BEFORE delivery:  
IN THIS county 21 years 1 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Caldwell  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 65 yrs.

4. FULL NAME OF CHILD Henry Raymond Vinson  
7. Twin or Triplet        If so—born 1st, 2nd, 3rd         
6. Sex Male

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho  
5. Date of Birth of Child (Month, day, year) Aug 19-1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Henry Isaac Vinson  
11. Color White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer + stock raising  
15. Industry or Business       

MOTHER OF CHILD  
16. FULL MAIDEN NAME Bessy Frances Kinkaid  
17. Color White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Caldwell Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....M.D. Midwife Address.....Date.....

State of.....Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
County of.....Canyon

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....65.....years of age, that I have known this person for.....44.....years, and that.....Dr. Albert Scham.....who attended this birth.....is now deceased.....I further state that.....      .....  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Daisy F. Vinson.....Signature.....  
.....P. O. Address.....

Subscribed and sworn to before me this.....18.....day of.....May.....19.....  
(SEAL) M. J. J. J......Notary Public, residing at.....Caldwell Idaho.....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....MAY 29 1942.....by.....Mary E. Elder.....Registrar.



MAY 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

132-207-032-331

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **346703**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Lincoln (b) City Shoshone  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Lincoln  
(c) City Shoshone  
(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child

(Month, day, year) October 7

**4. FULL NAME**

**OF CHILD** Minnie Elaine Albers

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? 1897

yes

6. Sex female

**FATHER OF CHILD**

**10. FULL**

**NAME** Herman H Albers

11. Color white

12. Age at time

of THIS birth 51 yrs.

13. Birthplace Germany

(City or town)

(State or foreign country)

14. Exact

Occupation Farmer

15. Industry or

Business Farming

**MOTHER OF CHILD**

**16. FULL MAIDEN**

**NAME** Carrie Belle Clark

17. Color white

18. Age at time

of THIS birth 40 yrs.

19. Birthplace Monmouth, Warren Co. Illinois

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's

**OWN** signature

M.D.

Midwife

Address

Date

State of California } ss.  
County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears  
in Item 4, above, that I am now 85 years of age, that I have known this person for 44 years, and that

....., who attended this birth..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of May

(SEAL)

Carroll B. Greenwell

Notary Public, residing at Compton Calif

(Note: Perjury is punishable as a felony in Idaho under Section 17-914, Idaho Code Annotated by Commission Expires May 10, 1947)

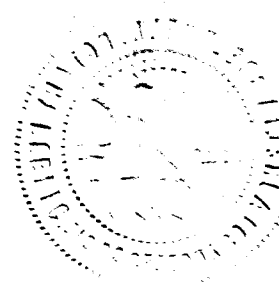
Received for filing on MAY 26 1942 by Mabel E. [Signature] Registrar.

MAY 28 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-116-016-755

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **346774**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Cassia (b) City Oakley  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years - months - days

**4. FULL NAME OF CHILD**

Arthur Monroe Kidd

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 4

5. Date of Birth of Child

(Month, day, year) Nov. 16, 1947

**3. RESIDENCE OF FATHER** (city, state)

Kidd

5. Date of Birth of Child

(Month, day, year) Nov. 16, 1947

**10. FULL NAME**

John Thomas Kidd

11. Color or Race

12. Age at time of THIS birth 39 yrs.

13. Birthplace

(City or town) Abilene (State or foreign country)

14. Exact Occupation  
15. Industry or Business

Saw-mill operator

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Mary Rachel Pendegast

17. Color or Race

18. Age at time of THIS birth 28 yrs.

19. Birthplace

(City or town) Tennessee (State or foreign country)

20. Exact Occupation  
21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.  
County of Cassia

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that.....  
(First name) Dr. D. Albee (Last name) 73

....., who attended this birth..... I further state that.....  
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Rachel Pendegast Kidd Signature

P. O. Address

Subscribed and sworn to before me this

25 day of

May, 1947

(SEAL)

Nenny H. Tucker Notary Public, residing at Barley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1947 by..... Registrar.

AUG 25 1959

MAY 28 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-119-001-213

346831

346831

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

Local Reg. No.....

Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Ada (b) City Near Boise  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

## (e) Mother's stay BEFORE delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Ada  
(c) City near Boise  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 11 yrs.**3. RESIDENCE OF FATHER** (city, state) Near Boise, Idaho**4. FULL NAME OF CHILD** Thomas Arthur Breshears

## 5. Date of Birth of Child

(Month, day, year) Oct 19-1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes**FATHER OF CHILD**

10. FULL NAME Thomas Carter Breshears  
11. Color White 12. Age at time of THIS birth 22 yrs.  
13. Birthplace Joplin Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business on a farm

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Adah Bertha Batdorf  
17. Color White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Lawrence Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business in her home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at A M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Thomas C. Breshears, who is  
related to this child as Father  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Thomas C. Breshears M.D. Address 1117 S. Center St. San Pedro, California Date May 26, 1942

State of California ss.  
County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that  
Dr. Fairchild is now deceased who attended this birth. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas C. Breshears Signature  
1117 S. Center St. San Pedro, Calif. P. O. Address

Subscribed and sworn to before me this 26th day of May, 19 42

(SEAL) Commission Expires April 19, 1943 Notary Public, residing at 612 So. Center St. San Pedro, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mary F. Edger Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JULY 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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819-110-204-413  
MAY 29 1942

346835

346835

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Benewake (b) City Montpelier  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Benewake  
(c) City Montpelier  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Thomas Edwin Hartman

**5. Date of Birth of Child**

(Month, day, year) March 10 1897

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**

John Thomas Hartman

11. Color white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Eva Co. Penn.

(City or town)

(State or foreign country)

14. Exact Occupation Storekeeper

15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Sara Macdonald

17. Color white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Pueville Ontario Canada

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as.....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho }  
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Older Sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 45 years, and that

Dr. C. A. Kover, who attended this birth deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of May, 1942

(SEAL)

Isabel M. Bogges Signature  
112 Ave. Southampa Ida P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mary Fielder, Registrar.



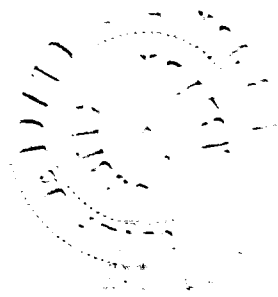
MAR 30 1960

MAY 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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666-1251021-553

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **346902**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **Franklin** (b) City **Preston**  
(c) Street Address or R.F.D. No. **Riverside Section**  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county **NO** years **1** months **NO** days

**4. FULL NAME OF CHILD**

**James Bent Woolf**

6. Sex **Male**

7. Twin or Triplet **No**

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

**FATHER OF CHILD**

**10. FULL NAME**

**Appy Woolf**

11. Color or Race **White**

12. Age at time of THIS birth **22** yrs.

13. Birthplace

**Hyde Park, Utah**

(City or town)

(State or foreign country)

14. Exact Occupation

**Farmer**

15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

**Isabelle Bert Nelson**

17. Color or Race **White**

18. Age at time of THIS birth **18** yrs.

19. Birthplace

**Logan, Utah**

(City or town)

(State or foreign country)

20. Exact Occupation

**House Wife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **ONE** (b) Born alive and now living **ONE**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.  
Midwife

Address

Date

State of **Idaho** County of **Franklin** ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **62** years of age, that I have known this person for **44** years, and that

**Mrs. SINAN** who attended this birth **Is now deceased** I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **23** day of **May** 1942

(SEAL)

**Ernest J. Merrill**

Notary Public, residing at **Pocatello, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 28 1942** by **Mabel E. Egan**, Registrar.

JUN 2 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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769-215-003-962

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **346905**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. No record  
(d) Name of Hospital or Maternity Home:  
Home of friend  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Wyoming (b) County Uintah  
(c) City Fossil  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marie Louise Gordon

5. Date of Birth of Child  
(Month, day, year) March 15, 1897

6. Sex Female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Peter Gordon  
11. Color White 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Parish of Bwinie, Scotland  
(City or town) (State or foreign country)  
14. Exact Occupation Clerk  
15. Industry or Business General Mds. Store

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lillian Robinson  
17. Color White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Meshoppin, Penn.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN signature**        M.D.        Address        Date         
State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Alameda

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 15 years, and that Dr. Steeley is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter Gordon Signature  
520-31st Street, Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 19th day of May, 1942  
(SEAL) Dr. R. O. Tallman Notary Public, residing at Oakland, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Marie Steeley Registrar.

JUN 2 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

29-102-001-234

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **346952**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: unknown  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 2<sup>nd</sup>3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 27 3 yrs.  
(f) Mother's mailing address unknown

4. FULL NAME OF CHILD John Stuart Brassfield  
6. Sex m  
7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. RESIDENCE OF FATHER (city, state) Boise Idaho  
5. Date of Birth (Month, day year) Oct. 2, 1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Frank M. Brassfield  
11. Color or Race White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Ft Dodge Iowa (City or town) (State or foreign country)  
14. Exact Occupation Laborer  
15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD  
16. FULL MAIDEN NAME Sarah C. Stuart  
17. Color or Race White 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Cache Junction Utah (City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12am M. on the date \_\_\_\_\_ (born alive stillborn) and at the place stated above, and that personal particulars were furnished by Frank M. Brassfield, who is related to this child as Father (First name) (Last name)

26. (a) MAY 29 1942 (Date received) (b) Marl E. Eddins (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature Frank M. Brassfield (D., Midwife, etc.)  
and address Eden Idaho Date 2-8-42

State of Idaho } ss.  
County of Jerome

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank M. Brassfield, being first duly sworn, say that I am Related to John Stuart Brassfield as Father (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs C. J. Robbins, who attended said birth deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (gr) cannot be located)

\_\_\_\_\_  
Signature  
P. O. Address

Subscribed and sworn to before me on this 9 day of Feb. 1942  
(SEAL) Ed W. Little Notary Public, residing at Eden Idaho

JUN 2 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

865-214-001-417

346963

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 1351 Brumbach St.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**4. FULL NAME OF CHILD**

Dora La Vern Hon

6. Sex

female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

**FATHER OF CHILD**

**10. FULL NAME**

Noble Henry Hon

11. Color or Race

White

12. Age at time of THIS birth

39 yrs.

13. Birthplace

Salmon

Indiana

14. Exact Occupation

Brick Mason

15. Industry or Business

Brick Mason

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state)

Idaho

5. Date of Birth of Child

(Month, day, year) Dec. 14, 1897

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Esther Maxwell

17. Color or Race

White

18. Age at time of THIS birth

33 yrs.

19. Birthplace

Des Moines

Iowa

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Oregon

County of Malheur

ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....77.....years of age, that I have known this person for.....44.....years, and that

Mrs. Baze....., who attended this birth.....is now deceased..... I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Hon

Signature

Vale, Oregon

P. O. Address

Subscribed and sworn to before me this 26th day of May, 19 42.

(SEAL)

Bercy Burns

Notary Public, residing at Vale, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Com. expires 1-2-

Received for filing on MAY 28 1942 by Malheur, Registrar.

45



JUN 2 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



764-107-003-155

347002

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Dempsey  
(c) Street Address or R.F.D. No. (Lava Hot Springs)  
(d) Name of Hospital or Maternity Home: born at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Lava Hot Springs  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 16 yrs.

**4. FULL NAME OF CHILD** Verl John Godfrey

**5. Date of Birth of Child**  
(Month, day, year) July 3, 1897

**6. Sex** male **7. Twin or** XX **If so—born** XX  
Triplet **1st, 2nd, 3rd**

**8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME** William Richard Godfrey  
**11. Color or Race** white **12. Age at time of THIS birth** 32 yrs.  
**13. Birthplace** Salt Lake City, Utah  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farming- hotel  
**15. Industry or Business** owner

**MOTHER OF CHILD**

**16. FULL NAME** Sarah Amelia Avery  
**17. Color or Race** white **18. Age at time of THIS birth** 26 yrs.  
**19. Birthplace** Kanosh Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** **M.D.** **Address** **Date**  
Midwife

State of Idaho  
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in item 4, above, that I am now 51 years of age, that I have known this person for 45 years, and that Mrs. Stoddard midwife who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. L. Baxter Signature  
Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of March, 19 42  
(SEAL) W. H. K. K. K. Notary Public, residing at Lava Hot Springs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

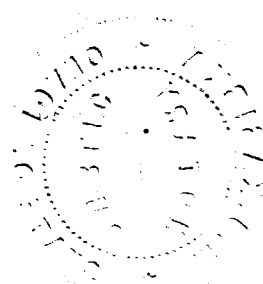
Received for filing on MAY 29 1942 by Mary E. K. K. Registrar.

JUN 2 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

856-131-001-249

347065

347065

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. River St.  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
IN THIS county 22 years 4 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. River St.  
(e) How long has MOTHER lived in Idaho? 22 yrs.

4. **FULL NAME OF CHILD** Earl Cedric Heffner

5. Date of Birth of Child  
(Month, day, year) Dec. 31, 1897

6. Sex male 7. Twin or Triplet — If so, 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** John Heffner  
11. Color white 12. Age at time of THIS birth 23 yrs.  
13. Birthplace Brown Co., Kansas  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Agnes Hope Smith  
17. Color white 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Boise Valley, Ada Co. Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Mrs. Amelia Heffner who attended this birth is deceased I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Hope Heffner Signature  
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942  
(SEAL) Marion E. Van Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary E. Eder Registrar.

JAN 12 1956 MAR 28 1966

JUL 11 1967

JAN 18 1966

MAY 22 1967

JAN 5 1968

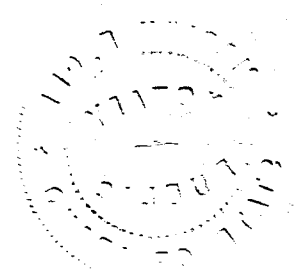
JUN 3

1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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696-121001-619

347075

347075

United States  
Department of Commerce  
Bureau of the Census

1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Star  
(c) Street Address or ~~R.F.D.~~ No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay BEFORE delivery:  
IN THIS county Ada years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada  
(c) City Star  
(d) Street Address or ~~R.F.D.~~ No.....  
(e) How long has MOTHER lived in Idaho? 77 yrs.

4. FULL NAME OF CHILD Cecil Ernest Frost

5. Date of Birth of Child  
(Month, day, year) Nov 31-1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Houston Frost Esq.  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer & cattle man  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sidney Elizabeth Ward  
17. Color White 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Sidney Nebraska  
(City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) ~~Born alive~~ and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Oldest Sister of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for lifetime years, and that Mr. D. W. Hall who attended this birth Cecil Ernest Frost I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Mitchell Signature  
2211 Harrison Boise Idaho P. O. Address

Subscribed and sworn to before me this 3 day of June, 1942  
(SEAL) W. S. [Signature] Notary Public, residing at Boise Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

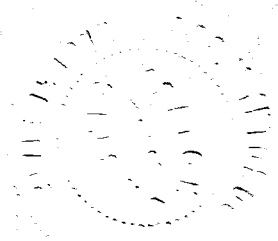
Received for filing on JUN 4 1942 by Mary E. Elder, Registrar.

JUN 5 1966

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

347143

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Star</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Own Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Star</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>26</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Rosema Lee Fowler</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Star Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>May 12 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>William Albert Fowler</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary Ellen Swalley</u>	
<b>11. Color</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>49</u> yrs.	<b>17. Color</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>28</u> yrs.
<b>13. Birthplace</b> <u>Indiana</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Star</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Oregon County of Multnomah ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that O. W. Hall who attended this birth Star, Idaho I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Swalley Fowler Signature  
Oak Grove, Oregon Box 162 P. O. Address

Subscribed and sworn to before me this 28th day of May, 1942.  
(SEAL) [Signature] Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel E. [Signature] REGISTRAR

COMMISSION EXPIRES NOV. 17, 1943

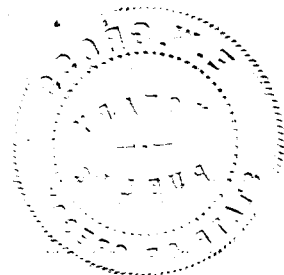


JUN 3 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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921-207-032-689

347204

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH.** (All items at time of this birth)

(a) County Lincoln (b) City Hagerman  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Lincoln  
(c) City Hagerman  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?.....yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Bertha Isabella

5. Date of Birth of Child

(Month, day, year) April 7 1897

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ☒

**10. FULL NAME**

Solomon Ellis Parker

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace (City or town)

Deweyville Utah (State or foreign country)

14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lily Ann White

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace (City or town)

Levan Utah (State or foreign country)

20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.  
County of King

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 45 years, and that

Mrs. E. J. Highland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21<sup>st</sup> day of May, 1942

(SEAL)

James Gordon

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942

by Mabel Beeler, Registrar.

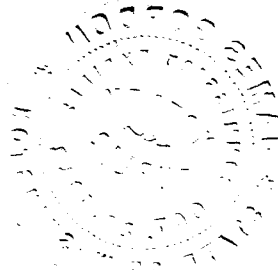
JUN 4

1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381-2151029-238

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **347206**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Los Angeles (b) City Tracy

(c) Street Address or R.F.D. No. 1

(d) Name of Hospital or Maternity Home:  
at home

(e) Mother's stay BEFORE delivery:  
IN THIS county 13 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
 (a) State Idaho (b) County Latah  
 (c) City Tray  
 (d) Street Address or R.F.D. No. 1  
 (e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) At present still

4. FULL NAME OF CHILD. Ella Eureka Charney

5. Date of Birth of Child  
(Month, day, year) January 15, 1997

6. Sex *Female* 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

### FATHER OF CHILD

10. FULL NAME Harmer McClellan Chaney  
11. Color white 12. Age at time of THIS birth 32 yrs.  
or Race white  
13. Birthplace Richard Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Maretha Perreira Sly  
17. Color White 18. Age at time of THIS birth 25 yrs.  
or Race White  
19. Birthplace Riverside Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ what \_\_\_\_\_ M. on the date \_\_\_\_\_  
 (Born alive; stillborn)  
 and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is  
 related to this child as \_\_\_\_\_ (First name) (Last name)

25. Attendant's <b>OWN</b> signature	M.D. Midwife	Address	Date
---	-----------------	---------	------

State of California  
County of Alameda } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Ellen Sly, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of May, 1942  
(SEAL) Leeds Notary Public, residing at Givermore, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1964 by Harry E. Smith, Registrar.

NOV 21 1972

NOV 2 1972

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Weston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 21 years 10 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Weston  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho

4. **FULL NAME OF CHILD** Charles Oliver Simpson  
5. Date of Birth of Child  
(Month, day, year) 6/19/97

6. Sex Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd        8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Simpson  
11. Color white 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Leicester, England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer and School teacher  
15. Industry or Business       

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Sena Fredrickson  
17. Color white 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Trenton, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Idaho County of Franklin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Maria Maughan, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of May, 1942  
(SEAL)        Notary Public, residing at         
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by        Registrar.

JUN 4 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

914-128044-713

347306

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Cambridge  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: None

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME  
OF CHILD

Charles Alfred Rambo

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

6. Sex male

FATHER OF CHILD

10. FULL

NAME William Henry Rambo

11. Color white 12. Age at time 27  
or Race of THIS birth yrs.

13. Birthplace Oregon  
(City or town) (State or foreign country)

14. Exact  
Occupation farmer

15. Industry or  
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington

(c) City Cambridge

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year)

deceased

July 28-1897

8. No. months

of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN

NAME Minnie M. Gamble

17. Color white 18. Age at time 18  
or Race of THIS birth yrs.

19. Birthplace Idaho  
(City or town) (State or foreign country)

20. Exact  
Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of Washington Idaho ss.  
County of Washington

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears  
in Item 4, above, that I am now 24 years of age, that I have known this person for 44 years, and that

Dr. Brown (First name) (Last name), who attended this birth is now deceased I further state that  
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Miss Clara Larson Signature  
Midvale Idaho P. O. Address

Subscribed and sworn to before me 23 day of May, 1942

(SEAL)

W. Gooding Notary Public, residing at Midvale Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mary E. H. H. Registrar.

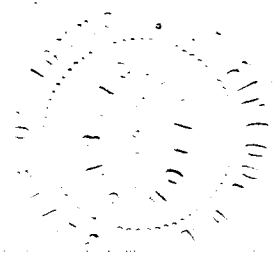


JUN 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

369-105007-365

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **347323**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **BLAINE** (b) City **HAILEY**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county **16** years months days

**4. FULL NAME OF CHILD**

**HOWARD CORSON FOX**

6. Sex **MALE**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) **MAY, 5, 1897**

8. No. months of Pregnancy

**9**

9. Legitimate? **Yes**

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **IDAHO** (b) County **BLAINE**

(c) City **HAILEY**

(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? **16** yrs.

**3. RESIDENCE OF FATHER** (city, state) **HAILEY, IDAHO**

**FATHER OF CHILD**

**10. FULL NAME**

**JOHN CONSOR FOX**

11. Color or Race **WHITE** 12. Age at time of THIS birth **49** yrs.

13. Birthplace **BLANCKTON, PENNSYLVANIA**  
(City or town) (State or foreign country)

14. Exact Occupation **MERCHANT**

15. Industry or Business **GENERAL DRY GOODS**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

**FRANCES ELEANOR LOVELL**

17. Color or Race **WHITE** 18. Age at time of THIS birth **43** yrs.

19. Birthplace **HAIDUBARQUE, IDAHO**  
(City or town) (State or foreign country)

20. Exact Occupation **HOUSEWIFE**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **4**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.

Midwife

Address

Date

State of **Idaho** } ss.  
County of **Blaine**

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4 above, that I am now **55** years of age, that I have known this person for **45** years, and that

**Dr. Brown** (First name) **Brown** (Last name), who attended this birth **deceased** (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **26th** day of **May**, 19 **42**

(SEAL)

Notary Public, residing at **Hailey, Blaine County**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) **Idaho**

Received for filing on **MAY 27 1942** by **W. W. Foxm...** Registrar.

JUN 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-125.030-736

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **347357**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF BIRTH**

(a) County Lemhi (b) City Salmon  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Private home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county 22 years month days

**2. USUAL RESIDENCE of MOTHER (At date of this birth)**

(a) State Idaho (b) County Lemhi  
(c) City Salmon  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 22 yrs.  
(f) Mother's mailing address Forney Idaho

**4. FULL NAME OF CHILD**

Wayne Connor

**5. Date of Birth**

(Month, day year) Aug 20 - 1899

6. Sex male Twin or If so—born  
Triplet 1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Garriel Frank Connor  
11. Color White 12. Age at time  
or Race of THIS birth 35 yrs.  
13. Birthplace Hazen Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Rancher  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Belle Plough  
17. Color White 18. Age at time  
or Race of THIS birth 22 yrs.  
19. Birthplace Red Oak Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3  
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date  
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is  
related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUN 3 1942 (b) Maurie C. M. Bridger  
(Date received) (Registrar's signature)

25. Attendant's OWN signature Deceased M.D.  
(D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

and address \_\_\_\_\_ Date \_\_\_\_\_

State of IDAHO  
County of LEMHI } ss.

**AFFIDAVIT** To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, BELLE O'CONNOR, being first duly sworn, say that I am RELATED TO  
WAYNE O'CONNOR as MOTHER (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. WHITWELL, who attended

said birth IS NOW DECEASED and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Belle O'Connor Signature  
Forney Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of JUNE, 1942  
(SEAL) Maurie C. M. Bridger Notary Public, residing at SALMON, IDAHO

JUN 6 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



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556-107.035-351

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **347471**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County **Nez Perce** (b) City **Lewiston**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: **At Home**  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State **Idaho** (b) County **Nez Perce**  
(c) City **Lewiston**  
(d) Street Address or R.F.D. No. **146-247th St**  
(e) How long has MOTHER lived in Idaho? **61** yrs.

**3. RESIDENCE OF FATHER** (city, state) **Lewiston Idaho**

**4. FULL NAME OF CHILD**

**Harvey Arthur Newman**

**6. Sex**

**7. Twin or Triplet**

**If so—born 1st, 2nd, 3rd**

**8. No. months of Pregnancy**

**9mo** **9. Legitimate?** **Yes**

**10. FULL NAME**

**Fredrick William Newman**

**11. Color or Race**

**White** **12. Age at time of THIS birth** **29** yrs.

**13. Birthplace**

**Stargard Germany**

**14. Exact Occupation**

**Gas Machines t**

**15. Industry or Business**

**Gas Plant**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

**Lola Mamie Leachman**

**17. Color or Race**

**White** **18. Age at time of THIS birth** **22** yrs.

**19. Birthplace**

**Quincy, Adam Minn. D.S.**

**20. Exact Occupation**

**Housewife**

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

**23. Number of children of this mother: (a) At time of birth and including this child** **10** **(b) Born alive and now living** **4**

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was **alive** at **5:00 clock P.M.** on the date **May 3rd** (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **Lola Newman**, who is related to this child as **Mother** (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of **Idaho** County of **Nez Perce** } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **67** years of age, that I have known this person for **44** years, and that

**Dr. C. W. Shaff** (First name) (Last name), who attended this birth **deceased** (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Lola Newman**  
**Lewiston Idaho**

Signature

P. O. Address

Subscribed and sworn to before me this **3rd** day of **May**, 19**42**

(SEAL)

**E. Glenn Bauman**

Notary Public, residing at **Lewiston**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on **JUN 6 1942** by **Mabel E. Fisher**, Registrar.

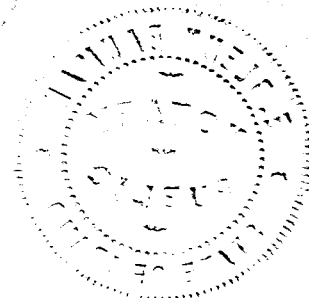
JUL 2 1963

JUN 9 1962

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



963-125-014-268

347486

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County CANYON (b) City NAMPALA  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County CANYON  
(c) City NAMPALA  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 15 yrs.

**4. FULL NAME OF CHILD** JAMES HENRY ROCKWELL

**3. RESIDENCE OF FATHER** (city, state) NAMPALA IDA.  
5. Date of Birth of Child  
(Month, day, year) 5-23-1897

**6. Sex** MALE **7. Twin or Triplet** \_\_\_\_\_ **8. No. months of Pregnancy** 9  
**9. Legitimate?** YES

**FATHER OF CHILD**

**10. FULL NAME** THOMAS JEFFERSON ROCKWELL  
**11. Color** WHITE **12. Age at time of THIS birth** 44 yrs.  
**13. Birthplace** WISCONSIN  
(City or town) (State or foreign country)  
**14. Exact Occupation** FARMER  
**15. Industry or Business** \_\_\_\_\_

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** EVELYN MAY BOYER  
**17. Color** WHITE **18. Age at time of THIS birth** 20 yrs.  
**19. Birthplace** NEBRASKA  
(City or town) (State or foreign country)  
**20. Exact Occupation** HOUSE WIFE  
**21. Industry or Business** \_\_\_\_\_

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** Sol. of. vit  
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive or born) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Thomas J Rockwell, who is related to this child as \_\_\_\_\_ (First name) (Last name)

**25. Attendant's OWN signature** J H Murray **M.D.** \_\_\_\_\_ **Midwife** \_\_\_\_\_ **Address** Nampa Ida **Date** May 29 1942

**State of** Oregon **County of** Lane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ father \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 44 years, and that **Dr.** Murray who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas J Rockwell Signature  
Route 1, Creswell, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942  
(SEAL) R. J. [Signature] Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on MAY 6 1942 by Mary [Signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



JUN 9 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-2071-007-213

347560

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Blaine (b) City Soldier  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
Parents Residence  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Blaine  
(c) City Soldier  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) Soldier, Ida

5. Date of Birth of Child  
(Month, day, year) Oct. 7th 1897

**4. FULL NAME OF CHILD** Catherine Ethel Wardrop

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Owen Wardrop  
11. Color White 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Wellsville, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lydia Adelaide Ballard  
17. Color White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Pottawattamie Co., Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Camas ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 45 years, and that Nancy P. Ballard, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of June, 1942  
(SEAL) John Owen Wardrop Signature  
Fairfield, Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by M. J. H. H. Registrar.

APR 12 1957

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

347614

1. 285 PLACE OF BIRTH 365  
County of \_\_\_\_\_  
City of \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD **Mary Genevieve Shea**

3. Sex <b>Female</b>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <b>Yes</b>	8. Date of birth <b>10/ 7/ '97</b> 189 (Month, Day, Year)
		5. Number, in order of birth _____	Full term <b>Yes</b>		

FATHER		MOTHER	
9. Full name <b>Albert John Shea</b>	18. Full maiden name <b>Cecelia Ann Connors</b>		
10. Residence (usual place of abode) (If non-resident, give place and State) <b>Caldwell Idaho</b>	19. Residence (usual place of abode) (If non-resident, give place and State) <b>Caldwell Idaho</b>		
11. Color or race <b>white</b>	12. Age at last birthday <b>25</b> (years)	20. Color or race <b>White</b>	21. Age at last birthday <b>24</b> (years)
13. Birthplace (city or place) (State or Country) <b>Oreana, Idaho</b>	22. Birthplace (city or place) (State or Country) <b>Ruby City, Idaho</b>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Cattleman</b>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <b>Housewife</b>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <b>Own home</b>		
16. Date (month and year) last engaged in this work <b>10/7/ 1897</b>	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work <b>10/7 1997</b>	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? **Don't know**

28. Number of children of this mother (At time of this birth and including this child)  
**One**  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor _____ Before labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at \_\_\_\_\_ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

(Signed) **Albert John Shea** **Father**  
or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed **MAY 29 1942** 193 **Mabel H. Hefner**  
Registrar.

DELAYED

285-207-614-765

STATE OF IDAHO  
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

State of California }  
County of Sonoma } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)

Albert John Shea being first duly sworn says that  
is the Father of Mary Genevieve Shea  
(Relationship of child)\*  
born October 7th 1897 at Caldwell, Idaho, Idaho,  
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth  
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi  
cate of birth of the said Mary Genevieve Shea

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Maxey M. D. was the  
medical attendant at the birth of said Mary Genevieve Shea  
the said medical attendant EX cannot be located and that

(Now deceased (or) cannot be located)

Name of Affiant Albert John Shea

P. O. Address 520 B. St. Santa Rosa, California

Subscribed and sworn to before me this 26th day of May, 19 42

J. B. Lord  
Notary Public.  
Residing at Santa Rosa, California

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of  
the affiant, as brother, sister, cousin, etc.

JUN 9 1962

347657

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County... Nezperce (b) City... Lewiston  
(c) Street Address or R.F.D. No. No. Lewiston  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State... Idaho (b) County... Nezperce  
(c) City... Lewiston  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child

(Month, day, year) May 25, 1897**4. FULL NAME**OF CHILD Amos Robert Randall Inghram6. Sex Male

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy

9. Legitimate? Yes**FATHER OF CHILD****10. FULL**NAME Samuel David Inghram

11. Color White 12. Age at time  
or Race... of THIS birth.....yrs.

13. Birthplace.....  
(City or town) (State or foreign country)14. Exact  
Occupation Farmer15. Industry or  
Business**MOTHER OF CHILD****16. FULL MAIDEN**NAME Orinoco Lelia Randall

17. Color White 18. Age at time  
or Race... of THIS birth.....yrs.

19. Birthplace... Astoria Oregon  
(City or town) (State or foreign country)20. Exact  
Occupation Housewife21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child... 3... (b) Born alive and now living... 4.....**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of... Oregon } ss.  
County of... Clatsop**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the... sister... of the person whose name appears  
in Item 4, above, that I am now... 50... years of age, that I have known this person for... 45... years, and that  
I further state that  
(First name) (Last name) who attended this birth... is now deceased... (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Orinoco Randall Allison Signature  
Box 4, Clatsop, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of May, 1947

(SEAL)

Notary Public, residing at Clatsop, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 8 1947

by

Mabel T. Fisher

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

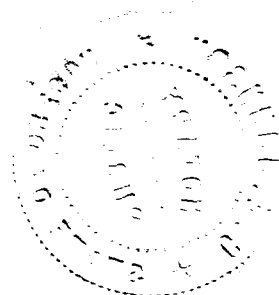


JUN 11 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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799-101-044-465

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **347681**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. ?  
(d) Name of Hospital or Maternity Home: ?  
(e) Mother's stay BEFORE delivery:  
IN THIS county 15 years ? months 3 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No. ?  
(e) How long has MOTHER lived in Idaho? 15 yrs.

**4. FULL NAME OF CHILD** Elmer Marion Griffith

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

**3. RESIDENCE OF FATHER** (city, state) Weiser, Idaho

5. Date of Birth of Child  
(Month, day, year) Sept. 1, 1897

8. No. months of Pregnancy ? 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Jasper Griffith  
11. Color or Race White 12. Age at time of THIS birth ? yrs.  
13. Birthplace Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Sheepman  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Donahue  
17. Color or Race White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Eugene Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was known at ? M. on the date ?  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ?, who is related to this child as ?  
(First name) (Last name)

25. Attendant's Don't know M.D. Address Date  
OWN signature Midwife

State of Oregon County of Washington ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that my sister only son who attended this birth his mother is deceased I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of June 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on JUN 8 1942 by ? Registrar.

JUN 11 1942

JUN 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-219-0 01-235

347772

347772

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth):

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**4. FULL NAME OF CHILD** Mable Irene Schoonover

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Richard Eugene Schoonover

11. Color White 12. Age at time of THIS birth 36 yrs.

13. Birthplace College, New York  
(City or town) (State or foreign country)

14. Exact Occupation Logger

15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

5. Date of Birth of Child

(Month, day, year) March 19, 1917

8. No. months of Pregnancy 9

9. Legitimate? X

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ginnie Bird Stephenson

17. Color White 18. Age at time of THIS birth 25 yrs.

19. Birthplace Clinton Wood, Kansas  
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living X

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that

Dr. Gee. Haley who attended this birth is deceased I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angie Bird Schoonover Signature  
P.O. 1231 Boise Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942

(SEAL) Dr. Gee. Haley Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mary E. Edger Registrar.

JUN 12 1942

AUG 7 1957

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-108-222-354  
United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

347872  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF BIRTH**

(a) County Fremont (b) City Reverborg  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

**4. FULL NAME OF CHILD**

Leslie Gerald Anderson

6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

**FATHER OF CHILD**

10. FULL NAME Oliver Andrew Anderson  
11. Color Swedish 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Fairfield Utah  
(City or town) (State or foreign country)  
14. Exact Occupation \_\_\_\_\_  
15. Industry or Business \_\_\_\_\_

**2. USUAL RESIDENCE of MOTHER (At time of this birth)**

(a) State Idaho (b) County Fremont  
(c) City Reverborg New Madison  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 58 yrs.  
(f) Mother's mailing address Reverborg Idaho

**3. RESIDENCE of FATHER (city, state)**

5. Date of Birth Feb. 8, 1897  
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Louisa Caroline Tempest  
17. Color English 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Nebraska City Neb.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4  
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUN 9 1942 (Date received) (Mother, etc.)  
(Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Fremont

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Louisa Caroline Anderson, being first duly sworn, say that I am Mother of  
Leslie Gerald Anderson (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louisa Caroline Anderson, who attended said birth declared and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Louisa Caroline Anderson Signature  
Reverborg Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of June 1942  
(SEAL) Kenneth Parks Notary Public, residing at Reverborg

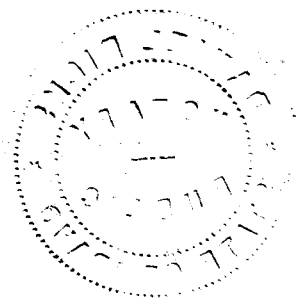
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JUN 13 1942

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8/5-204006JUN 12 1942

347906

347906

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County... Bingham (b) City... Shelley  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
At Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county      years      months      days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State... Idaho (b) County... Bingham  
(c) City... Shelley  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?..... 1 yrs.

**3. RESIDENCE OF FATHER** (city, state) Shelley, Ida.

5. Date of Birth of Child  
(Month, day, year)..... June 1, 1897

**4. FULL NAME OF CHILD**

Estella Hansen

6. Sex Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME... Hans Peter Hansen  
11. Color..... white 12. Age at time  
or Race..... of THIS birth..... 35 yrs.  
13. Birthplace... Moroni, Sanpete Co., Utah  
(City or town) (State or foreign country)  
14. Exact Occupation... Carpenter  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME... Anna Amelia Frandsen  
17. Color..... white 18. Age at time  
or Race..... of THIS birth..... 32 yrs.  
19. Birthplace... Denmark  
(City or town) (State or foreign country)  
20. Exact Occupation... Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child... 7th (b) Born alive and now living... 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife

Address

Date

State of... Idaho  
County of... Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... Father..... of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now... 79 years of age, that I have known this person for... 45 years, and that  
Mrs. Wadsworth....., who attended this birth... is deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Hans Peter Hansen ✓ Signature  
1512 No. 14th, Boise, Idaho P. O. Address

Subscribed and sworn to before me this... 12 day of... June, 19... 42  
(SEAL) J. Reed Miller Notary Public, residing at... Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... JUN 12 1942 by... Mary E. Elder Registrar.



JUN 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796-217026-217

348028

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Jefferson (b) City Bigby  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Jefferson  
(c) City Bigby  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

4. **FULL NAME OF CHILD** Estella Margaret Prophet

3. **RESIDENCE OF FATHER** (city, state) Bigby Idaho  
5. Date of Birth of Child  
(Month, day, year) Dec. 17, 1897

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Richard D. Prophet  
11. Color white 12. Age at time of THIS birth 23 yrs.  
13. Birthplace Centerville Utah  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Edith Saxton  
17. Color white 18. Age at time of THIS birth 33 yrs.  
19. Birthplace Hull England  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child...1..... (b) Born alive and now living...1.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address Bigby Idaho Date Mathias

State of Idaho County of Bingham } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since Birth years, and that Mrs. Mathias (First name) Mathias (Last name), who attended this birth is now dead I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Edith Prophet Signature  
Shelley Ida P. O. Address

Subscribed and sworn to before me this 1 day of June, 1947.  
(SEAL) M. A. Kirk Justice of Peace Notary Public, residing at Shelley Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Marj A. G. Jones Registrar.

JUN 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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339 224010-632

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

348116  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Bonneville (b) City Menan  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Bonneville  
(c) City Menan  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 31 yrs.

**4. FULL NAME OF CHILD**

Elvira Esther Clifford

6. Sex female 7. Twin or Triplet Yes 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME William Henry Clifford  
11. Color white 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Malad City - Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anna Cecelia Olsen  
17. Color white 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Stockholm Sweden  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known  
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Handing Address Date  
State of ..... County of ..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 45 years, and that Mrs. MELLISA CLIFFORD who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7 day of June, 1942  
(SEAL) Mary Beyer Notary Public, residing at Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by Mary Beyer Registrar.

JUN 18 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-101-001 JUN 15 1942

348175

348175

United States  
Department of Commerce  
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

State File No. 348175  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>PAISE</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home <u>4</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years <u>5</u> months <u>5</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ADA</u> (c) City <u>PAISE</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>JESSE JAMES BINGMAN</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>IDAHO</u> 5. Date of Birth of Child (Month, day, year) <u>MAY 1ST 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> If so— <u>Born</u> 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>JACOB ANDERSON BINGMAN</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>42</u> yrs. <b>13. Birthplace</b> <u>MISSOURI</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>FARMER</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>ARISDA CLEMENTE HARRIS</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>35</u> yrs. <b>19. Birthplace</b> <u>INDEPENDENCE, ILLINOIS</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>FARMER'S WIFE</u> <b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:45 P.M. on the date May 1st 1942  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** [Signature] M.D. Midwife Address Idaho Date Idaho

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 45 years, and that Dr. Spaulding who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arinda C. Bingman Signature  
Idaho P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942.  
 (SEAL) [Signature] Notary Public, residing at Idaho  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary F. Edger Registrar.

JUN 18 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **348283**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>General Delivery</u> (d) Name of Hospital or Maternity Home: <u>Born in family home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 2 years months days</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>Gen. Del.</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>James Benjamin Grout</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>April 12, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or</b> <u>Single</u> <b>If so—born</b> <u>1st, 2nd, 3rd 3rd</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>George Wilson Grout</u>		<b>16. FULL MAIDEN NAME</b> <u>Amanda Jane Stubblefield</u>	
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>28</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>18</u> yrs.
<b>13. Birthplace</b> <u>Steel County, Minnesota</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Elgin, Oregon</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farming</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Farming</u>		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>1</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** M.D. Midwife Address Date  
State of Oregon ss.  
County of Multnomah

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... mother ..... of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 45 years, and that Mrs. Myra Horace, (Midwife), who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12th day of June, 19 42.  
(SEAL) E. L. Levy Notary Public, residing at Portland, Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by ..... Registrar.

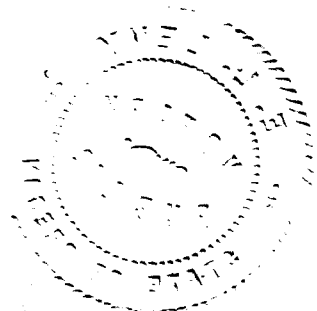


JUN 19 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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866 102-040-244

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

348341  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Shoshone (b) City Murray  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
☒ Private home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 21 years 2 months 9 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Shoshone  
(c) City Murray  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 7 yrs.

**4. FULL NAME OF CHILD**

Harold Leslie Hooper

6. Sex Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Norman Hooper  
11. Color white 12. Age at time  
or Race white of THIS birth 27 yrs.  
13. Birthplace Calhoun, Calif.  
(City or town) (State or foreign country)  
14. Exact Occupation Gold mining  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Nettie Elizabeth Sumner  
17. Color white 18. Age at time  
or Race white of THIS birth 24 yrs.  
19. Birthplace Near Rich Hill, Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife

Address

Date

State of Oregon  
County of Multnomah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that  
Mrs. Ed. Dubie who attended this birth is deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Nettie Elizabeth Hooper Signature  
P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942  
(SEAL) H. W. Wilhelm Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Marj Redfern Registrar.

JUN 20 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

555 713022-815

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

348367  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fremont (b) City Cache  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery: 6  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Cache  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) .....

4. **FULL NAME OF CHILD** JOSEPH HEARL EVERSON

5. Date of Birth of Child  
(Month, day, year) NOV. 13, 1897

6. Sex MALE 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** AXEL EVERSON  
11. Color WHITE 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Norway  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business .....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** ANNIE CHRISTINE HANSEN  
17. Color WHITE 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Denmark  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3..... (b) Born alive and now living 3.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Idaho ss.  
County of Fremont

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that Miss Anna Hansen, who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Christine Hansen Everson Evans  
Signature  
P. O. Address

Subscribed and sworn to before me this 28 day of May, 1942  
(SEAL) [Signature] Notary Public, residing at Sugar Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by [Signature] Registrar.

JUN 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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348700

348400

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Quada (b) City Rockland  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Quada  
(c) City Rockland  
(d) Street Address or R.F.D. No.....

(e) Mother's stay BEFORE delivery:  
IN THIS county years 6 months days

(e) How long has MOTHER lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** John Louis Walker Jr.

5. Date of Birth of Child  
(Month, day, year) Nov. 16 - 1897

6. Sex male 7. Twin or Triplet If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

10. **FATHER OF CHILD**  
**FULL NAME** John Louis Walker Sr.

16. **MOTHER OF CHILD**  
**FULL NAME** Martha Elizabeth Walker

11. Color White 12. Age at time of THIS birth 33 yrs.

17. Color White 18. Age at time of THIS birth 31 yrs.

13. Birthplace Wilmington, Utah  
(City or town) (State or foreign country)

19. Birthplace Idaho  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

25. Attendant's OWN signature John M.D. Midwife Address Date

State of Idaho County of Quada ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that

Mrs. Ferguson who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Elizabeth Walker  
Boise Idaho P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942.  
(SEAL) W. H. M. Gray Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Marcel Felder, Registrar.

JUN 22 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-120-020-689

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

348500  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Elmore (b) City Mt. Home  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Elmore  
(c) City Mt. Home  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Harold White Bown

5. Date of Birth of Child

(Month, day, year) 11-20-1897

6. Sex Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

10. FULL NAME Franklin Joseph Bown

11. Color White 12. Age at time  
or Race of THIS birth 35 yrs.

13. Birthplace Waterloo Iowa  
(City or town) (State or foreign country)

14. Exact Occupation Cowboy

15. Industry or  
Business Cattle

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Annie Laurie White

17. Color White 18. Age at time  
or Race of THIS birth 30 yrs.

19. Birthplace Williamsburg Ohio  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ....., who is  
related to this child as ..... (First name) (Last name)

(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife

Address

Date

State of Idaho  
County of Camas } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears  
in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that

J. W. Nienkirk who attended this birth is deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

S. W. STRUBLE

NOTARY PUBLIC FOR IDAHO  
Subscribed and sworn to before me this 16th day of June, 19 42  
FAIRFIELD, IDAHO

My commission expires April 1, 1946 Notary Public, residing at Fairfield, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 18 1942

by

M. J. Miller

Registrar.

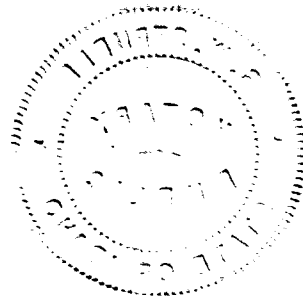


JUN 22 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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369 227037 713

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

348506  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>OWYHEE</u> (b) City <u>Silver City</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>OWYHEE</u> (c) City <u>Silver City</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>ABOUT 33 yrs. up to 1929 yrs. DECEASED</u>	
<b>4. FULL NAME OF CHILD</b> <u>MARY Victoria Corda</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>SILVER CITY, IDAHO</u> 5. Date of Birth of Child (Month, day, year) <u>JULY, 27, 1897</u>	
6. Sex <u>Female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Ceasare Corda</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>ABOUT 27 yrs.</u> <b>13. Birthplace</b> (City or town) <u>ITALY</u> (State or foreign country) <b>14. Exact Occupation</b> <u>Miner</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>AGOSTINA GALLACI Corda</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>ABOUT 27 yrs.</u> <b>19. Birthplace</b> (City or town) <u>ITALY</u> (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)  
25. Attendant's **OWN signature** M.D. Address Date  
Idaho Canyon ss.

State of.....County of.....  
**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....father.....of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that.....  
Dr. Weston who attended this birth.....deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Bessie Corda  
512 18th Ave. So. Nampa, Idaho O. Address  
Subscribed and sworn to before me this 15th day of June, 1942.  
(SEAL) Notary Public, residing at Nampa, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

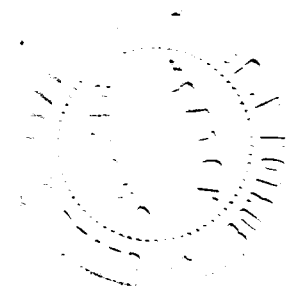
Received for filing on JUN 17 1942 by....., Registrar.

JUN 22 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **348509**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Cassia (b) City Oakley  
(c) Street Address or R.F.D. No. Oakley, Idaho  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 15 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Oakley  
(d) Street Address or R.F.D. No. Oakley, Idaho  
(e) How long has MOTHER lived in Idaho? 57 yrs.

**4. FULL NAME OF CHILD** Robert William Gorringe  
6. Sex Male 7. Twin or Triplet      If so—born 1st, 2nd, 3rd     

**3. RESIDENCE OF FATHER** (city, state) Oakley, Idaho  
5. Date of Birth of Child (Month, day, year) October 22, 1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. FULL NAME Danual Lambert Gorringe  
11. Color White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Bountiful, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Industry

**MOTHER OF CHILD**  
16. FULL MAIDEN NAME Annie Shields  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Tooele, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Farmer's Wife  
21. Industry or Business Farmer's Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Cassia

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 44 years, and that Dr. Hamburg who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of June, 19 42  
(SEAL) O. J. Larson Signature Fannie G. Smith  
Notary Public, residing at Oakley Idaho P. O. Address

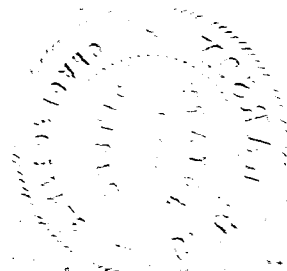
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on JUN 18 1942 by [Signature] Registrar.

JUN 22 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866-213 032 695

348519

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Lincoln (b) City Shoshone  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Lincoln  
(c) City Shoshone  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 4 yrs.  
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Charlotte Olive Howell  
5. Date of Birth of Child April 13<sup>th</sup>  
(Month, day, year) 1947  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Haines Robert Howell  
11. Color or Race American 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Sacramento, California  
(City or town) (State or foreign country)  
14. Exact Occupation Placer Miner  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Lucy Field  
17. Color or Race American 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Slaterville, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature [Signature] M.D. Midwife Address Date  
State of Idaho County of Lincoln } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for.....years, and that....., who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10<sup>th</sup> day of June, 1947  
(SEAL) Edward G. Howell Notary Public, residing at Beatle Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

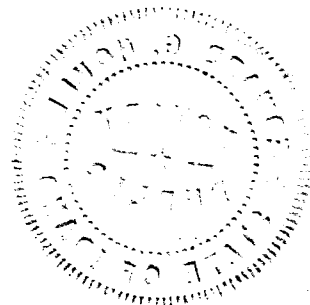
Received for filing on JUN 12 1942 by [Signature] Registrar.

JUN 22 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-128 028-268

348567

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Kootenai (b) City Lake Creek  
(c) Street Address or R.F.D. No. No. 1  
(d) Name of Hospital or Maternity Home: Born on Homestead  
(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years 1 months  days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Lake Creek  
(d) Street Address or R.F.D. No. 1  
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Frederick Miller  
6. Sex boy 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd 1

3. **RESIDENCE OF FATHER** (city, state) Lake Creek, Ida.  
5. Date of Birth of Child (Month, day, year) Mar. 28, 1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Jacob Frederick Miller  
11. Color White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Stuttgart, Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Rosine Kohlhommer  
17. Color White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Willinghausen, Germany  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D.  Address  Date   
State of Idaho County of Shoshone } ss.  
**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that midwife, who attended this birth cannot be located. I further state that (Is now deceased) or (Cannot be located)  
(First name) (Last name)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Rosine Miller Signature  
Idaho P. O. Address  
Subscribed and sworn to before me this 17th day of June 1942  
(SEAL) Idaho Notary Public, residing at Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by , Registrar.

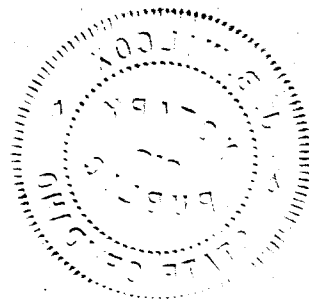


JUN 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363-220003-995

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **348592**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Bannock** (b) City **Pocatello**  
(c) Street Address or ~~R.F.D. No.~~ **306 North Third**  
(d) Name of Hospital or Maternity Home:  
**Home - 306 North Third**  
(e) Mother's stay BEFORE delivery:  
IN THIS county **10** years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Bannock**  
(c) City **Pocatello**  
(d) Street Address or ~~R.F.D. No.~~ **306 North Third**  
(e) How long has MOTHER lived in Idaho? **45** yrs  
**3. RESIDENCE OF FATHER** (city, state) **Pocatello, Idaho**

**4. FULL NAME OF CHILD** **Ellen Adelle Coleman**  
**6. Sex** **female** **7. Twin or Triplet** **no** **If so—born** **1st, 2nd, 3rd**

**5. Date of Birth of Child**  
(Month, day, year) **June 20, 1897**  
**8. No. months of Pregnancy** **9** **9. Legitimate?** **yes**

**FATHER OF CHILD**  
**10. FULL NAME** **Patrick Henry Coleman**  
**11. Color or Race** **American** **12. Age at time of THIS birth** **34** yrs.  
**13. Birthplace** **Racine, Wisconsin**  
(City or town) (State or foreign country)  
**14. Exact Occupation** **Railroad Construction Engr.**  
**15. Industry or Business** **Oregon Short Line R.R.**

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** **Mary Louise Riendeau**  
**17. Color or Race** **Am.** **18. Age at time of THIS birth** **24** yrs.  
**19. Birthplace** **Little Falls, Minnesota**  
(City or town) (State or foreign country)  
**20. Exact Occupation** **Housewife**  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child **3** (b) Born alive and now living **2**

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** **M.D.** **Address** **Date**  
**Midwife**

State of **Idaho** ss.  
County of **Bannock**

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ **an intimate friend** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **since birth** years, and that **Dr. H. A. Castle** **154** who attended this birth **in now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Emma L. Ford** Signature  
**Pocatello, Idaho** P. O. Address

Subscribed and sworn to before me this **12** day of **June**, 19 **42**  
(SEAL) **Notary Public**, residing at **Pocatello, Idaho**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 19 1942** by **Registrar**

JUN 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415721021-336

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

349632  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Franklin (b) City Dayton  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
at home in Dayton  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 29 years  months  days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Franklin  
(c) City Dayton  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) Dayton, Ida.

**4. FULL NAME OF CHILD**

Ivan Earl Davis

**5. Date of Birth of Child**

(Month, day, year) Apr. 21, 1897

6. Sex Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** John Davis  
11. Color White 12. Age at time  
or Race White of THIS birth 30 yrs.  
13. Birthplace South Wales  
(City or town) (State or foreign country)  
14. Exact  
Occupation Farmer  
15. Industry or  
Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Alice Lloyd  
17. Color White 18. Age at time  
or Race White of THIS birth 29 yrs.  
19. Birthplace Barrow-in-Furnace, England  
(City or town) (State or foreign country)  
20. Exact  
Occupation Housewife  
21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
**OWN** signature

M.D.

Midwife

Address

Date

State of.....Idaho.....ss.  
County of.....Franklin.....

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears  
in Item 4, above, that I am now.....73.....years of age, that I have known this person for.....45.....years, and that  
Mrs. Chadwick....., who attended this birth.....is now deceased..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Alice Lloyd Davis

Signature

Weston, Idaho

P. O. Address

Subscribed and sworn to before me this 18 day of June, 1942..

(SEAL)

Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by....., Registrar.

JUN 25 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 209 040-314

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

349728  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County SHOSHONE (b) City WARDNER  
(c) Street Address or R.F.D. No. Div. 15204 St  
(d) Name of Hospital or Maternity Home: No House Number  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County SHOSHONE  
(c) City WARDNER  
(d) Street Address or R.F.D. No. \* Division St.  
(e) How long has **MOTHER** lived in Idaho? 30 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Violet Frances Shaw

5. Date of Birth of Child  
(Month, day, year) Feb. 9, 1897

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Grant Shaw  
11. Color White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Unknown, IANA  
(City or town) (State or foreign country)  
14. Exact Occupation Teamster, owner of  
15. Industry or Business Livery Stable

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Jane Cameron  
17. Color White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace London, Ontario, Canada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }  
County of Shoshone } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Doctor Machette, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of June 1937  
(SEAL) Lawrence Notary Public, residing at 817 Division St. Kellogg P. O. Address 817 Division St. Kellogg  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 18-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Registrar

JUN 25 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-222 003 764

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

349733  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. 607 No. Arthur  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
**IN THIS county** 5 years 10 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. 607 No. Arthur  
(e) How long has MOTHER lived in Idaho? 16 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Minnie Fern Seavers  
7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child  
(Month, day, year) July 22, 1897

**FATHER OF CHILD**  
10. **FULL NAME** William Raymer Seavers  
11. Color White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace New Boston Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Shoemaker  
15. Industry or Business Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Sarah Effie Godfrey  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Garwin Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN signature** **M.D.** **Address** **Date**  
Chloe Godfrey Midwife 418 1/2 E. 5th June 1942

State of Utah County of Salt Lake } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Chloe Godfrey, who attended this birth IS now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 5th day of June 1942  
(SEAL) Chloe Godfrey Notary Public, residing at Salt Lake City, Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Signature Mrs. Sarah E. Seavers P. O. Address 418 1/2 E. 5th

Received for filing on JUN 22 1942 by Mary E. Seavers Registrar.



JUN 25 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364-212 001 314

349791

349791

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Star  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Star  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) Star Idaho

5. Date of Birth of Child  
(Month, day, year) March 12, 1897

**4. FULL NAME OF CHILD** Ether Marquerite Couzens

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Samuel Couzens  
11. Color white 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Smithfield Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Kate Laurence  
17. Color white 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Boise Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Dr. D. W. Hall who attended this birth incompetent I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26 day of June, 1942  
(SEAL) W. B. Joy Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mary Elder Registrar.

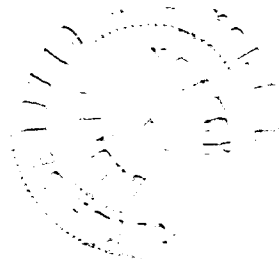
JUN 26 1942

JUL 10 1972

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

513 210-004 682  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

349853  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Rose Mae Vaterlaus</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>3 years</u> 5. Date of Birth of Child (Month, day, year) <u>May 10th 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Emil Vaterlaus</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>28</u> yrs. <b>13. Birthplace</b> <u>Bern, Switzerland</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Printer</u> <b>15. Industry or Business</b> <u>Business</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Rosa Wyss</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>25</u> yrs. <b>19. Birthplace</b> <u>Gundeswand, Switzerland</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** Wyoming **M.D.** Big Horn **Midwife** **Address** **Date**

State of.....  
County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....69.....years of age, that I have known this person for.....45.....years, and that.....Emil Vaterlaus....., who attended this birth.....deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Wyss Vaterlaus Signature  
Cowley, Wyoming P. O. Address  
My commission expires Apr 1st 1942 day of June 1942  
Subscribed and sworn to before me this.....day of....., 19.....  
(SEAL) M. M. Richards Notary Public, residing at Deaver, Wyo.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

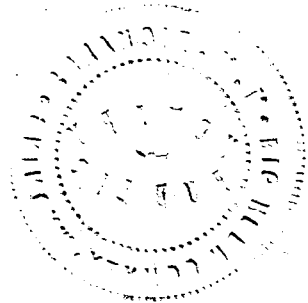
Received for filing on JUN 23 1942 by Mary E. ... Registrar.

JUN 25 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth) \*

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**4. FULL NAME OF CHILD** Frank Robert Wilson

**6. Sex** male **7. Twin or Triplet** **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME** William Robert Wilson  
**11. Color or Race** White **12. Age at time of THIS birth** 33 yrs.  
**13. Birthplace** Chicago  
(City or town) (State or foreign country)  
**14. Exact Occupation** decrator  
**15. Industry or Business**

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 27 yrs.

**3. RESIDENCE OF FATHER** (city, state) Chicago Ill  
**5. Date of Birth of Child** (Month, day, year) Aug 19-1897

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Anna Margaret Rauff

**17. Color or Race** White **18. Age at time of THIS birth** 27 yrs.  
**19. Birthplace** Placerville, Idaho  
(City or town) (State or foreign country)  
**20. Exact Occupation** house wife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

**25. Attendant's OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Washington } ss.  
County of King

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that Dr. Springer, who attended this birth deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of May, 1944  
(SEAL) Dr. R. R. R. Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by M. R. R. Registrar.

349855

JUN 25 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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523 216 004 259

349877

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bear Lake (b) City Pegram, Idaho  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
Own home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 11 years 8 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bear Lake  
(c) City Pegram, Idaho  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 43 yrs.

**4. FULL NAME OF CHILD** Eunice Wisetta Eschler

**3. RESIDENCE OF FATHER** (city, state) Pegram, Idaho

5. Date of Birth of Child  
(Month, day, year) Feb. 16 - 1897

6. Sex.....  
7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME John Eschler  
11. Color White 12. Age at time of THIS birth 62 yrs.  
13. Birthplace Baltigen, Bern, Switzerland  
(City or town) (State or foreign country)  
14. Exact Occupation Rancher  
15. Industry or Business.....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Magdalena Berger Eschler  
17. Color White 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Hanau, Bern, Switzerland  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... none

23. Number of children of this mother: (a) At time of birth and including this child..... 6 (b) Born alive and now living..... 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of.....  
County of..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....  
(SEAL)..... Notary Public, residing at.....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by..... Registrar.

JUN 23 1942



JUN 15 1971

JUN 25 1971

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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962-109 025 693

349899

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City.....  
(c) Street Address or R.F.D. No. P. O. Green Creek  
(d) Name of Hospital or Maternity Home:  
Farm home on NesPerce Reservation  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City P. O. Green Creek  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 3 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Same

**4. FULL NAME OF CHILD** IVAN EMAL ROBERTSON  
**6. Sex** Male  
**7. Twin or Triplet** No **If so—born** 1st, 2nd, 3rd

**5. Date of Birth of Child** (Month, day, year) Dec. 9, 1897  
**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**  
**10. FULL NAME** John Wesley Robertson  
**11. Color or Race** White **12. Age at time of THIS birth** 24 yrs.  
**13. Birthplace** Springfield, Oregon  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** Farming

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Mabel R. Wilkinson  
**17. Color or Race** white **18. Age at time of THIS birth** 22 yrs.  
**19. Birthplace** LaGrand, Oregon  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** None  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** Washington **M.D.** Chelan **Midwife** **Address** **Date**

State of.....  
County of..... ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Mrs. Asker, midwife, who attended this birth can't be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel R. Wilkinson Robertson Signature  
216 So. Mission St. Wenatchee, Wn. P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942.  
(SEAL) Harvey J. Davis Notary Public, residing at Wenatchee, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mabel R. Wilkinson Registrar.

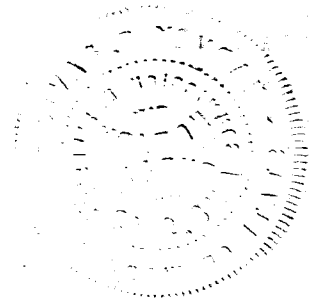
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JUN 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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118928 AD

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666 111 030-238

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

349916  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Salmon  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 1 years 7 months 18 days

4. FULL NAME  
OF CHILD

Roy William Fowler

6. Sex Male 7. Twin or Triplet 7 If so—born 1st, 2nd, 3rd 1st

FATHER OF CHILD

10. FULL NAME William Brownlow Fowler  
11. Color White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Dandridge Tennessee  
(City or town) (State or foreign country)  
14. Exact Occupation Photographer  
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi  
(c) City Salmon  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child Oct 11, 1897  
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Elda Dora Schock  
17. Color White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Oshtemo Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho } ss.  
County of Lemhi

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
in Item 4, above, that I am now 13 years of age, that I have known this person since birth years, and that  
Mrs. Bradfield (First name) (Last name) who attended this birth is now deceased I further state that  
(Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Elda Fowler Griffin Signature  
P. O. Address

Subscribed and sworn to before me this 18th day of June, 1942  
(SEAL) Fredrick Hughes Smith Notary Public, residing at Salmon, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Maude E. Evers Registrar.

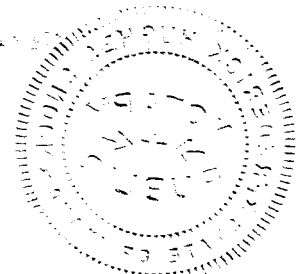
OCT 25 1962

JUN 27 1942

#### **DELAYED REGISTRATION LAW**

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993 127007 253

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **349927**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Blaine (b) City Hailey  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county 13 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Blaine  
(c) City Hailey  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 57 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Dean Richardson

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) Dec. 27 1897

**FATHER OF CHILD**

**10. FULL NAME**

Bill Richardson

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace (City or town)

Utah (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Alice Nancy Bellinger

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace (City or town)

Madock Calif. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 45 years, and that

Mr. O'neill (First name) Thomas (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 31st day of June, 1942

(SEAL)

Thomas Seaver

Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17,914, Idaho Code Annotated.)

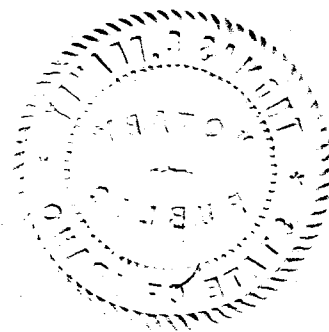
Received for filing on JUN 25 1942 by Thomas Seaver Registrar.

JUN 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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553106036294

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

349962

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Weston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:

IN THIS county 13 years months days

**4. FULL NAME OF CHILD**

Roy Oscar Nelson

6. Sex

Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

**10. FULL NAME**

John A. Nelson

11. Color  
or Race

White

12. Age at time  
of THIS birth

48 yrs.

13. Birthplace

Linna

Sueden

(City or town)

(State or foreign country)

14. Exact  
Occupation

Shoemaker

15. Industry or  
Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Weston  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 10 yrs.

**3. RESIDENCE OF FATHER** (city, state) Weston, Idaho

5. Date of Birth of Child

(Month, day, year) Sept. 6, 1897

8. No. months  
of Pregnancy

9

9. Legitimate? Yes

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Mary Simpson

17. Color  
or Race

White

18. Age at time  
of THIS birth

37 yrs.

19. Birthplace

Leicester

England

(City or town)

(State or foreign country)

20. Exact  
Occupation

House wife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.  
County of Franklin

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that

Belitta Jensen, who attended this birth is deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of June, 1942

(SEAL)

Thomas Prester

Notary Public, residing at Weston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUN 24 1942

by

Marj B. Lefler

Registrar.



JUN 29 1942

FEB 5 1953

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-129-001 659

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

350005

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Kooskia</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>55</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Frank Bowles</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Kooskia Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>4/29/1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Charles Bowles</u>		<b>16. FULL MAIDEN NAME</b> <u>Katie Ferrell</u>	
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>29</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>25</u> yrs.
<b>13. Birthplace</b> <u>Deming Iowa</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Rockyhill Kentucky</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
**OWN signature** M.D. Address Date  
Midwife

State of.....Idaho ss.  
County of.....Idaho

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....70.....years of age, that I have known this person for 45.....years, and that Margaret Bowles, who attended this birth.....now deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Katie Bowles Signature  
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June, 1942  
(SEAL) J. J. [Signature] Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

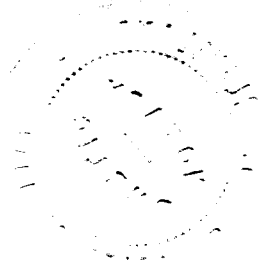
Received for filing on JUN 26 1942 by Mabel [Signature] Registrar.

JUN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



635 116 029-217

350030

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No..... (e) How long has <b>MOTHER</b> lived in Idaho? ..... yrs. <b>3. RESIDENCE OF FATHER</b> (city, state) <u>MOSCOW, Idaho</u>	
<b>4. FULL NAME OF CHILD</b> <u>Francis Marion Fleener</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 16, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd <u>sixth</u>	<b>8. No. months of Pregnancy</b> <u>sixth</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Jonathan Henry Fleener</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>42</u> yrs. <b>13. Birthplace</b> <u>Scio, Oregon</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>builder</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Alice Cakreen Saxon</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>35</u> yrs. <b>19. Birthplace</b> <u>Eugene, Oregon</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> ..... <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of California } ss.  
 County of San Diego

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that ..... who attended this birth..... I further state that  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Cakreen Fleener Signature  
 P. O. Address .....

Subscribed and sworn to before me this 33 day of Jan, 1942  
 (SEAL) Benjamin H. Thompson Notary Public, residing at San Diego  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) California

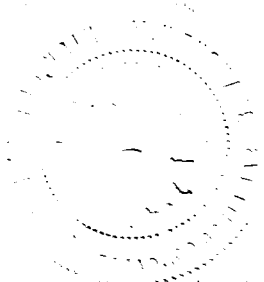
Received for filing on JUN 26 1942 by Maud Fleener, Registrar.

JUN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-218044 466

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

350039  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Heiser</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>0</u> months <u>0</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Heiser</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Cora Lee Buchanan</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Heiser, Idaho</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>XX</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 18 - 1897</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Amos Buchanan</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>29</u> yrs. <b>13. Birthplace</b> <u>Japan</u> (City or town) <u>Missouri</u> (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b> <u>farming</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Rosie Moore</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>Unknown</u> (City or town) <u>Unknown</u> (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> <u>own home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature ..... M.D. ..... Address ..... Date .....  
State of Washington County of Spokane } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 44 years, and that Mrs. Hansen who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of June, 1942  
(SEAL) Winnifred McPherson Notary Public, residing at Spokane, Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Winnifred McPherson Registrar.

JUN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296 110-030-336

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

350043  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County LEMHI (b) City SALMON  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County LEMHI  
(c) City SALMON

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.

**3. RESIDENCE OF FATHER** (city, state) SAME

**4. FULL NAME OF CHILD**

ALBERT BURRELL BROUGH

5. Date of Birth of Child

(Month, day, year) JUNE 10, 1897

6. Sex male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**

FRED BROUGH

11. Color WHITE 12. Age at time  
or Race of THIS birth 32 yrs.

13. Birthplace YORKSHIRE ENGLAND  
(City or town) (State or foreign country)

14. Exact  
Occupation BARTENDER

15. Industry or  
Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

MARY ALICE CLOWES

17. Color WHITE 18. Age at time  
or Race of THIS birth 21 yrs.

19. Birthplace SALT LAKE CITY UTAH  
(City or town) (State or foreign country)

20. Exact  
Occupation HOUSEWIFE

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(First name) (Last name)

(Mother, etc.)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of IDAHO } ss.  
County of Canyon

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the MATERNAL AUNT of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that

DR. KINNEY who attended this birth IS NOW DECEASED I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Marie Leona Turnbull Signature  
Caldwell, IDAHO P. O. Address

Subscribed and sworn to before me this 24th day of June, 19 42

(SEAL)

Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel E. Evers Registrar.

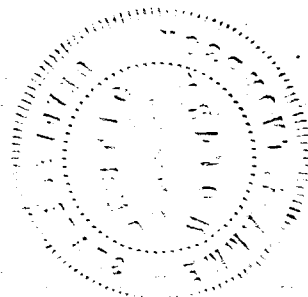


JUN 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

953-115-035962

350052

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County NEZ PERCE (b) City LEWISTON  
(c) Street Address or R.F.D. No. 24th Street  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County NezPerce  
(c) City Lewiston  
(d) Street Address or R.F.D. No. 24th Street  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** THOMAS CHESTER RELPH  
7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho  
5. Date of Birth of Child  
(Month, day, year) September 15, 1897

**FATHER OF CHILD**  
10. **FULL NAME** John William Relph  
11. Color or Race white 12. Age at time of THIS birth 38 yrs.  
13. Birthplace Indiana  
(City or town) (State or foreign country)  
14. Exact Occupation laborer  
15. Industry or Business same

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Bertha Julia Robinson  
17. Color or Race white 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Chenoa, Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
California  
Los Angeles

State of ..... ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4 above, that I am now 51 years of age, that I have known this person for since birth years, and that Bertha Elizabeth Joy is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable R. Collins Signature  
Chino, California P. O. Address

Subscribed and sworn to before me this 23 day of June 19 42  
(SEAL) L. O. Mattingly Notary Public, residing at Los Angeles, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec 117-914, Idaho Code Annotated.)

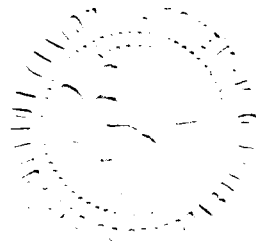
Received for filing on JUN 26 1942 by Mary E. Bluford Registrar.

JUN 29 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395-127009751

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **350155**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bonner (b) City Sandpoint  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay BEFORE delivery:

IN THIS county 6 years 7 months 14 days

**4. FULL NAME OF CHILD**

Angus Pete Lindstrom

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

**10. FULL NAME**

Peter Lindstrom

11. Color or Race white

12. Age at time of THIS birth 3.6 yrs.

13. Birthplace

Sweden  
(City or town) (State or foreign country)

14. Exact Occupation

Logger

15. Industry or Business

none

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bonner  
(c) City Sandpoint  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Sandpoint

5. Date of Birth of Child

(Month, day, year) Jan. 27, 1897

8. No. months of Pregnancy 9

9. Legitimate? yes

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Anna Pearson

17. Color or Race white

18. Age at time of THIS birth 3.4 yrs.

19. Birthplace

Sweden  
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 3 o'clock P. M. on the date (Born alive, stillborn)

and at the place stated above and that personal particulars were furnished by Anna Lindstrom, who is related to this child as Mother, (First name) (Last name)

25. Attendant's

OWN signature

Mrs Delia Holter

M.D.

Midwife

Address

Sandpoint Idaho

Date 6-17-1947

State of..... ss.  
County of.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

(First name) (Last name), who attended this birth..... I further state that

(Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 29 1947

by

Mabel E. Eber

Registrar.

JUL 1 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

350362

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No. <u>Hailey, Idaho</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>12</u> years .. months ... days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No. <u>Hailey, Idaho</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>CLARA ETTA BASSETT</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Aug. 21 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> ... <b>If so—born</b> 1st, 2nd, 3rd ....	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Fredrick Bassett</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time Born</b> <u>12/10</u> <u>18</u> of THIS birth <u>1863</u> yrs. <b>13. Birthplace</b> <u>Virginia, Nevada</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Blacksmith</u> <b>15. Industry or Business</b> ...		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>CLARA ETTA WORTHINGTON (BASSETT)</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time Born</b> <u>11/18/63</u> <u>18</u> of THIS birth ..... yrs. <b>19. Birthplace</b> <u>Pittsburg, Ill</u> <u>Springfield</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> ....	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....

**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
 (Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** Midwife but do not know particulars **M.D.** Midwife **Address** ..... **Date** .....

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of King

I, the undersigned, being first duly sworn, say that I am the second brother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 14 years, and that Unknown to me who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abner Edward Bassett Signature  
 6207 Brooklyn Ave, Seattle, Wn P. O. Address

Subscribed and sworn to before me this 22 day of April, 19 42  
 (SEAL) W. C. Hanson Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mabel B. Baker Registrar.

JUL 3 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **350396**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Mtn. Home</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Mtn. Home</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>John Quincy Adams</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Aug. 15, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>Triplet</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John Preston Adams</u>		<b>16. FULL MAIDEN NAME</b> <u>Ida May Warnell</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>29</u> yrs.	<b>17. Color or Race</b> <u>white</u>	<b>18. Age at time of THIS birth</b> <u>27</u> yrs.
<b>13. Birthplace</b> <u>Bruno, Arkansas</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Camden County, Missouri</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> .....		<b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** Ida M. Adams **M.D.** Ada **Midwife** Ada **Address** Ada **Date** July 13, 1942

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Dr. W. F. Smith, who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M. Adams Signature  
Boise, Idaho, Route #1 P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942  
(SEAL) W. B. [Signature] Notary Public, residing at Boise, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mary E. [Signature], Registrar.



JUL 6

1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434-125032-39

350399

350399

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City Junction  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Lemhi  
(c) City Junction  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?.....yrs.

4. **FULL NAME OF CHILD** Joseph Harvey McDaniel

5. Date of Birth of Child  
(Month, day, year) Apr 25-1897

6. Sex male 7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2d

8. No. months of Pregnancy 6 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Joseph Farion McDaniel  
11. Color white 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Dunsmuir, Cal.  
(City & town) (State or foreign country)  
14. Exact Occupation farmer & prospector  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Nellie Laird  
17. Color white 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Idaho  
(City & town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN signature** [Signature] **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Dr. Murphy, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Nellie Mulkey Signature  
1714 Lemhi St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 3 day of July, 1942  
(SEAL) [Signature] Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mary Elder Registrar.

JUL 6 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 108035 168

350447

350447

United States (Be sure the information is as of date of birth of THIS child) State File No.....  
 Department of Commerce 10 1942 CERTIFICATE OF BIRTH Local Reg. No.....  
 Bureau of the Census STATE OF IDAHO Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
 (a) County Nezperce (b) City Lewiston  
 (c) Street Address or R.F.D. No. none  
 (d) Name of Hospital or Maternity Home: at home  
 (e) Mother's stay BEFORE delivery: 40 yrs.  
 IN THIS county years 6 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
 (a) State Idaho (b) County Nezperce  
 (c) City Lewiston  
 (d) Street Address or R.F.D. No. none  
 (e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charley Bengiman Smith, 5. Date of Birth of Child Dec 8, 1897  
 (Month, day, year)

6. Sex Male 7. Twin or Triplet V If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charley Smith,</u>		16. FULL MAIDEN NAME <u>Cynthia Rotan Johnson,</u>	
11. Color <u>white</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color <u>white</u>	18. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>State of Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>State of Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (First name) (Last name)  
 (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Boundary } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 45 years, and that Lee Buchanan who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Smith Signature  
Porthill, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of July, 19 42  
 (SEAL) [Signature] Probate Judge, residing at Bonnars Ferry Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1942 by Mary E. Eeden, Registrar.

JUL 13 1942

JUL 11 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

130-029 962  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

350493  
State File No.  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>4 1/2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Charles Merritt Williamson</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Genesee Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Dec 30 1897</u>	
<b>6. Sex</b> <u>male</u>		<b>8. No. months of Pregnancy</b> <u>9 mo</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Benjamin Franklin Williamson</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>33 1/2</u> yrs. <b>13. Birthplace</b> <u>Virgiana Wisconsin</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Stock Raiser</u> <b>15. Industry or Business</b> <u>none</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Eugenia May Rost</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>32</u> yrs. <b>19. Birthplace</b> <u>Blanchell Kentucky</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife</u> <b>21. Industry or Business</b> <u>none</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN signature** [Signature] **M.D.** **Midwife** **Address** **Date**

State of Oregon ss.  
County of Multnomah ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 44 years, and that A. Bonant who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Eugenia May Williamson Signature  
16419 3 E. Alameda St. Portland Ore Address

Subscribed and sworn to before me this 23 day of June, 1942  
(SEAL) Austin Underdahl Notary Public, residing at Portland  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

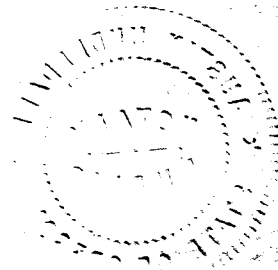
Received for filing on JUL 1 1942 by Maude E. Fisher Registrar.

JUL 7 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493 213006 419

350499

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County BINGHAM  
(c) City IDAHO FALLS  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?.....yrs.

4. **FULL NAME OF CHILD** MARY LUCILE MILLER  
6. Sex Female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

3. **RESIDENCE OF FATHER** (city, state)         
5. Date of Birth of Child (Month, day, year) Jan. 13, 1897  
8. No. months of Pregnancy        9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** James Edgar Miller  
11. Color White 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Flint Michigan  
(City or town) (State or foreign country)  
14. Exact Occupation Optometrist  
15. Industry or Business       

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Hester Gibson Martin  
17. Color White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Blackburn Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....  
State of.....ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the maternal Aunt of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 45 years, and that Dr. Pendleton, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Kate Gardine Signature  
Camryn Missouri P. O. Address

Subscribed and sworn to before me this 13th day of July, 1947  
(SEAL) Willard H. Cravens Notary Public, residing at Hammon, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 27-914, Idaho Code Annotated.) Camryn Missouri

Received for filing on JUL 3 1942 by Mary E. Cravens Registrar.

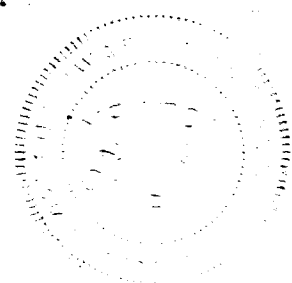


JUL 7 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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141-215044 867

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

350566

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Washington (b) City Midvale  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 15 years months days

**4. FULL NAME OF CHILD**

Roris Mary Adams

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Andrew B. Adams  
11. Color white 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Cornwall, England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Wash  
(c) City Midvale  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 15 yrs

3. RESIDENCE OF FATHER (city, state) Midvale Idaho  
5. Date of Birth of Child (Month, day, year) Nov 15 1897

8. No. months of Pregnancy 9

9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sylvia Hopper  
17. Color white 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.  
County of King

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that

Roris (First name) Adams (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sylvia Adams Signature  
9531 8 Ave NW Seattle, Wn P. O. Address

Subscribed and sworn to before me this 22 day of July, 1942

(SEAL)

Chester D. Fisher Notary Public, residing at Seattle, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942

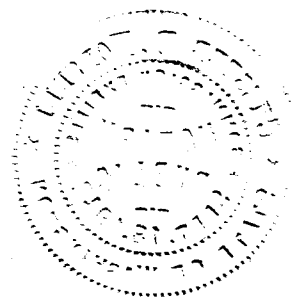
by Mary Adams Registrar.

7-14375  
JUL 8 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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129-227029 253

350684

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City MOSCOW  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: Born at home  
(e) Mother's stay BEFORE delivery: IN THIS county 6 years 9 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City MOSCOW  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) MOSCOW, Idaho

4. **FULL NAME OF CHILD** Inez Akridge
5. Date of Birth of Child (Month, day, year) 12, 27, 1897
6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Dudley Jarvis Akridge
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Ladonia Missouri  
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business own farm
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Susan Frances Kellogg
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Prairie City Oregon  
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as.....  
(First name) (Last name)
- (Mother, etc.)

25. Attendant's **OWN signature** Washington **M.D.** King **Midwife** **Address** **Date**
- State of..... Washington County of..... King } ss.
- AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that Dr. Gritman, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frankie Akridge Signature  
424 W. Meeker St., Kent, Wash. P. O. Address

- Subscribed and sworn to before me this 2nd day of July, 1942
- (SEAL) Anna Holland Notary Public, residing at Kent.
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

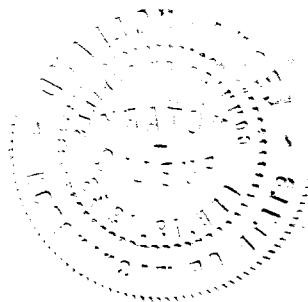
Received for filing on Jul 6 1942 by Maud E. Elder Registrar.

JUL 23 1942

#### **DELAYED REGISTRATION LAW**

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386-115-028-755

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **350754**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County **KOOTENAI** (b) City **COEUR D'ALENE**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: **AT HOME**  
(e) Mother's stay BEFORE delivery:  
IN THIS county **6** years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State **IDAHO** (b) County **KOOTENAI**  
(c) City **COEUR D'ALENE**  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? **6** yrs.

**3. RESIDENCE OF FATHER** (city, state) **SAME**

**4. FULL NAME OF CHILD** **VICTOR LEET LYON**

5. Date of Birth of Child  
(Month, day, year) **MAY 15 1897**

6. Sex **MALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

**FATHER OF CHILD**

10. FULL NAME **JOSEPH HERBERT LYON**  
11. Color **WHITE** 12. Age at time of THIS birth **27** yrs.  
13. Birthplace **GREENWICH, CONN.**  
(City or town) (State or foreign country)  
14. Exact Occupation **NAVIGATION (OWNER)**  
15. Industry or Business **CAPTAIN OF STEAMBOATS**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **ROSE REBECCA LEET**  
17. Color **WHITE** 18. Age at time of THIS birth **27** yrs.  
19. Birthplace **WARRENSBURG, MISSOURI**  
(City or town) (State or foreign country)  
20. Exact Occupation **HOUSEWIFE**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **CALIFORNIA** ss.  
County of **ORANGE**

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **72** years of age, that I have known this person for **45** years, and that **DR. EIDERKIN** who attended this birth **is now deceased** I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **7th** day of **July**, 19 **42**  
(SEAL) **Julius J. Carter** Notary Public, residing at **Los Angeles, Calif.**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

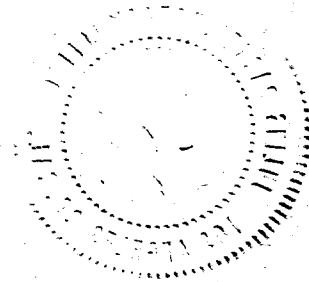
Received for filing on **JUL 9 1942** by **Mary B. [Signature]** Registrar.

JUL 11 1942

#### **DELAYED REGISTRATION LAW**

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799 -112 036-415

350760

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County Oneida (b) City Malad  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Malad  
(d) Street Address or R.F.D.No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 30 yrs.  
(f) Mother's mailing address. \_\_\_\_\_

4. FULL NAME OF CHILD

Henry Edwin Price

5. Date of Birth

(Month, day year) Sept 12 - 1917

6. Sex male

7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Thomas E. Price

11. Color or Race white 12. Age at time of THIS birth 30 yrs.

13. Birthplace Willard Utah  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD

16. FULL MAIDEN NAME

Jennie Daniels

17. Color or Race white 18. Age at time of THIS birth 30 yrs.

19. Birthplace Malad Idaho  
(City or town) (State or foreign country)

20. Exact Occupation farmer's wife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7  
(c) Born alive and now dead 1 (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 10P M. on the date (born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Dr \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUL 1 1942 (Date received) (Registrar's signature) Mabel E. Ebersole

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_ (D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

State of Idaho } ss.  
County of Oneida

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Thomas, being first duly sworn, say that I am related (Related to (or) acquainted with) Henry Edwin Price as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J. M. Kerns (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.

(If now deceased (or) cannot be located)

Signature Ethel Thomas

Malad City, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of July, 1942

(SEAL)

Notary Public, residing at Malad, Idaho

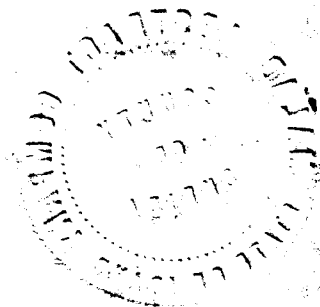


JUL 11 1942

### DELAYED REGISTRATION LAW

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215-1051029-216

350761

350761

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Residence</u> (e) Mother's stay BEFORE delivery: IN THIS county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ernest Ainsworth Sandberg</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Same</u> <b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct 5, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>Triplet</u> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Charles Eric Sandberg</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>Loberberg Sweden</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Carpenter</u> <b>15. Industry or Business</b> .....		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Alma Charlotte</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>29</u> yrs. <b>19. Birthplace</b> <u>Botlachon Sweden</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> .....	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Midwife** ..... **Address** ..... **Date** .....

State of Washington } ss.  
County of Spokane }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 83 years of age, that I have known this person for 45 years, and that Dr. Charles Britman, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Charles Eric Sandberg Signature  
4214 Glenn Spokane Wash P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942  
(SEAL) Max Glenn Notary Public, residing at Spokane, Wn  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

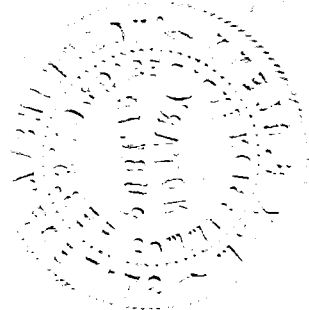
Received for filing on JUN 26 1942 by Max Glenn Registrar.

JUL 1 1 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



350789

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bingham (b) City Shelley  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bingham  
(c) City Shelley  
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 3 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child

(Month, day, year) April 10, 1897

**4. FULL NAME OF CHILD**

Andrew Christensen

6. Sex Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Antone Erastus Christensen

11. Color White 12. Age at time  
or Race of THIS birth 33 yrs.

13. Birthplace Moroni, Utah  
(City or town) (State or foreign country)

14. Exact  
Occupation Surveyor

15. Industry or  
Business Employed by County

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Annie Christina Jensen

17. Color White 18. Age at time  
or Race of THIS birth 32 yrs.

19. Birthplace Moroni, Utah  
(City or town) (State or foreign country)

20. Exact  
Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Annie Christina Jensen, who is  
related to this child as Mother  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature Anna R Jacobson M.D. Midwife

Address 307. Hill St Idaho Falls Idaho Date 6/30/42

State of.....  
County of....., ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears  
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by [Signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-116-046-155

JUL 11 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **350804**  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **Boise** (b) City **Horse Shoe Bend**  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Boise**  
(c) City **Horse Shoe Bend**  
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **10** yrs.

**3. RESIDENCE OF FATHER** (city, state) **Horse Shoe Bend, Idaho**

5. Date of Birth of Child  
(Month, day, year) **1-28-1897**

**4. FULL NAME OF CHILD**

**Mary Fredricka Clarkson Jensen**

7. Twin or Triplet If so—born 1st, 2nd, 3rd

6. Sex **Female**

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

**FATHER OF CHILD**

10. FULL NAME **Frank Wylie Clarkson**  
11. Color **White** 12. Age at time of THIS birth **19** yrs.  
13. Birthplace **Greenton, Mo.**  
(City or town) (State or foreign country)  
14. Exact Occupation **Farmer**  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **Maria Auguste Zimmer**  
17. Color **White** 18. Age at time of THIS birth **20** yrs.  
19. Birthplace **Dewight, Ill.**  
(City or town) (State or foreign country)  
20. Exact Occupation **House-wife**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Boise** ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **father** of the person whose name appears in Item 4, above, that I am now **64** years of age, that I have known this person for **45** years, and that **Mary Wylie Clarkson** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Frank W. Clarkson** Signature  
**Horse Shoe Bend, Idaho** P. O. Address

Subscribed and sworn to before me this **4th** day of **June**, 19 **42**

(SEAL) **Donald A. Barker** Notary Public, residing at **Horseshoe Bend**

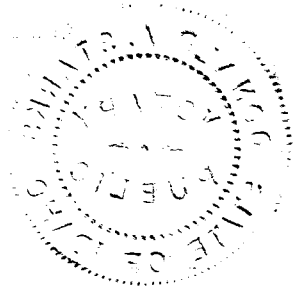
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires **March 21, 1946**

Received for filing on **JUL 10 1942** by **Registrar**

### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-107-007 313

350848

350848

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Gannett R.I.</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .... (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>3</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Gannett R.I.</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>67</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Lloyd Joseph Brown</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Gannett, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Dec 3rd 1897</u> 8. No. months of Pregnancy <u>9 mos.</u> 9. Legitimate? <u>Yes.</u>	
<b>FATHER OF CHILD</b> 10. FULL NAME <u>Thomas Francis Brown</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace (City or town) (State or foreign country) <u>Michigan</u> 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>farming &amp; stock raising</u>		<b>MOTHER OF CHILD</b> 16. FULL MAIDEN NAME <u>Minnie Bell Calhoun</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace (City or town) (State or foreign country) <u>Idaho</u> 20. Exact Occupation <u>Farmerette</u> 21. Industry or Business <u>Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Ada

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that there was no doctor, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Bell Brown, now Flarey Signature  
Hailey, Idaho P. O. Address  
Subscribed and sworn to before me this 20th day of July, 1942.  
(SEAL) May Edwards Notary Public, residing at Boise, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by May Edwards Registrar.

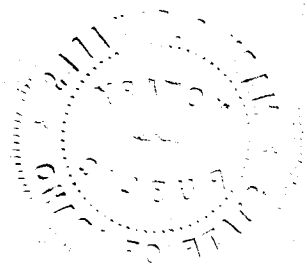


1942 JUL 21 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-116-021-685

350887

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Franklin (b) City Franklin  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: home of parents  
(e) Mother's stay **BEFORE** delivery: 3 years 7 months  days  
IN THIS county
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Franklin  
(c) City Franklin  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 33 yrs.
3. **RESIDENCE OF FATHER** (city, state) Providence, Utah

4. **FULL NAME OF CHILD** Levi Ray Robinson
5. Date of Birth of Child (Month, day, year) Nov. 16, 1897
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Elijah Robinson
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace American Fork, Utah  
(City or town) (State or foreign country)
14. Exact Occupation Farmer (grain & livestock)
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lucinda Alameda Wheeler
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Ogden Utah  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 12

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 11: a M. on the date July 2, 1942 (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Almeda Robinson, who is related to this child as Mother (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature Almeda W Robinson M.D. Midwife Address Providence, Utah Date July 2, 1942
- State of Utah County of Cache } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Mrs. Wheeler who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter-139, 1937 Session Laws.

Almeda W Robinson Signature  
P. O. Address

- Subscribed and sworn to before me this 2 day of July, 1942  
(SEAL) Ray M. Theurer Notary Public, residing at Logan, Utah
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

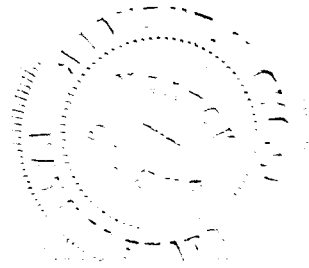
Received for filing on JUL 10 1942 by Maui Holston Registrar.

JUL 13 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Bellevue  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 21 years 10 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County.....  
(c) City Bellevue  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

4. **FULL NAME OF CHILD** Bryan Earl Rogers

3. **RESIDENCE OF FATHER** (city, state) Bellevue Idaho  
5. Date of Birth of Child  
(Month, day, year) Jan 26, 1897

6. Sex Male 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Madison Rogers  
11. Color White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Montauk, Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Dentist  
15. Industry or Business Doctor of Dentistry

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Bird Allen  
17. Color White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Whitesville, Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....  
State of Idaho County of Twin Falls } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that....., who attended this birth..... I further state that.....  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Bird Rogers Signature  
Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of July, 1942.  
(SEAL) E. J. Smith Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel E. Egan Registrar.

350982

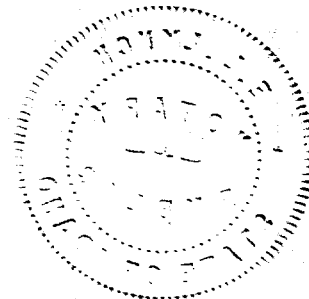
967-126-007-133

JUL 15 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



269-107-003-154

351010

United States (Be sure the information is as of date of birth of THIS child) State File No.  
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
 Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
 (a) County Bannock (b) City Banah  
 (c) Street Address or R.F.D. No.  
 (d) Name of Hospital or Maternity Home:  
Home  
 (e) Mother's stay BEFORE delivery:  
 IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
 (a) State Idaho (b) County Bannock  
 (c) City Banah  
 (d) Street Address or R.F.D. No.  
 (e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Bench, Idaho

4. FULL NAME OF CHILD Ronald Sorensen  
 5. Date of Birth of Child (Month, day, year) 6/7/1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Charles Theodore Sorensen 16. FULL MAIDEN NAME Rama Anderson  
 11. Color White 12. Age at time of THIS birth 26 yrs. 17. Color White 18. Age at time of THIS birth 22 yrs.  
 13. Birthplace Minthua Utah 19. Birthplace Copenhagen Denmark  
 (City or town) (State or foreign country) (City or town) (State or foreign country)  
 14. Exact Occupation Farmer 20. Exact Occupation Housewife  
 15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is  
 related to this child as ..... (First name) (Last name)  
 (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date  
Idaho  
 State of ..... County of Bannock } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears  
 in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that  
Ann E. C. Bennett who attended this birth is now deceased I further state that  
 (First Name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
 Chapter 189, 1937 Session Laws.

Mrs. T. Fowler Signature  
Grace, Idaho P. O. Address  
 Subscribed and sworn to before me this 11th day of July, 1942  
 (SEAL) Harold B. Foy Notary Public, residing at Grace Idaho  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mary E. Foy Registrar.

SEP 3 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-203-029-751

351015

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Latah (b) City Genesee  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 17 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Latah  
(c) City Genesee  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

**4. FULL NAME OF CHILD** Minnie Melvina Beals

5. Date of Birth of Child  
(Month, day, year) Oct 3, 1897

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Alvin Samuel Beals  
11. Color White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Kansas City, Kansas  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Margaret Elizabeth Beal  
17. Color White 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Kentucky  
(City or town) (State or foreign country)  
20. Exact Occupation Homemaker  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...5 (b) Born alive and now living...3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Madison ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4 above that I am now 74 years of age, that I have known this person for 44+ years, and that Thomas Neduck, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas J. Beal Signature  
P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1942

(SEAL) Alvin H. Hensley Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Marl E. Hensley, Registrar.



JAN 21 1966

JUL 15 1942  
FEB 10 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Red-ink in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

438-113-235-413

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

351024  
State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Leland</u> (c) Street Address or R.F.D. No. <u>farm 2 miles from Leland</u> (d) Name of Hospital or Maternity Home: <u>Leland</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>7</u> years <u>2</u> months <u>15</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Farm 2 miles from Leland</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>26</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Milo Kenneth McIver</u>		5. Date of Birth of Child (Month, day, year) <u>9-13-1897</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> mo. 9. Legitimate? <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Kenneth McIver</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>42</u> yrs. <b>13. Birthplace</b> <u>Winslow, Quebec, Canada</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> .....		<b>MOTHER OF CHILD</b> <u>NEE MacLhanor</u> <b>16. FULL MAIDEN NAME</b> <u>Mary Arizona (McIver) MacLhanor</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>39</u> yrs. <b>19. Birthplace</b> <u>Dubois, Illinois</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** M.D. Midwife Address Date

Province of British Columbia  
State of ..... ss.  
County of CANADA

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 87 years of age, that I have known this person for 44 years, and that MR PAUL WELKER, who attended this birth is now deceased, I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8<sup>th</sup> day of July, 1942  
(SEAL) Notary Public, residing at Creston, B.C. Canada  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-214, Idaho Code Annotated.)

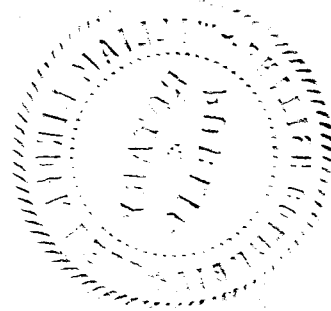
Received for filing on JUL 13 1942 by Mary E. Lefter Registrar.

150175  
JUL 15 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652-213-003897

351068

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. 524 N. Arthur  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. 524 N. Arthur  
(e) How long has MOTHER lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** SARA MARGARET West

5. Date of Birth of Child  
(Month, day, year) JAN. 12, 1897

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME AYRON Tovey West  
11. Color or Race white 12. Age at time of THIS birth 33 yrs.  
13. Birthplace West Virginia  
(City or town) (State or foreign country)  
14. Exact Occupation BRICKMAN. OSB. RAILROAD  
15. Industry or Business

**MOTHER OF CHILD** Higginbottom

16. FULL MAIDEN NAME Jane Hine West  
17. Color or Race white 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Syracuse PennsylvANIA  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at                      M. on the date                      and at the place stated above, and that personal particulars were furnished by JANE West, who is related to this child as Mother.  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Mrs. Anna W. Bird M.D.                      Address 820 1/2 5th St. Pocatello

State of                      ss.  
County of                     

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the                      of the person whose name appears in Item 4, above, that I am now                      years of age, that I have known this person for                      years, and that                     , who attended this birth                      I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

                     Signature  
                     P. O. Address

Subscribed and sworn to before me this                      day of                     , 19                    .

(SEAL)                      Notary Public, residing at                     

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mary E. Fisher, Registrar.

JUL 16 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. " Idaho  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county yes 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No. X  
(e) How long has MOTHER lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow Idaho

**4. FULL NAME OF CHILD**

Leslie Roy Hart

5. Date of Birth of Child  
(Month, day, year) Sept 26 - 1897

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Leaher Newton Hart  
11. Color white 12. Age at time of THIS birth 21 yrs.  
13. Birthplace Boulder Colorado  
(City or town) (State or foreign country)  
14. Exact Occupation Flour Packer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Iva Jane Shullenburger  
17. Color White 18. Age at time of THIS birth 17 yrs.  
19. Birthplace Pennine Nebraska  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature.....M.D. Midwife Address.....Date.....

State of Idaho County of Latah ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mathee of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that Harriet Shullenburger who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7 day of July, 1942.  
(SEAL) Notary Public Signature Iva Jane Chapman P. O. Address 615 9th St. Bremerton, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code annotated.)

Received for filing on JUL 14 1942 by Mary E. Edgar Registrar.

351086

JUL 16 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291-121022-235

351092

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Fremont (b) City Menan  
(c) Street Address or R.F.D. No. -  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Fremont  
(c) City Menan  
(d) Street Address or R.F.D. No. -  
(e) How long has MOTHER lived in Idaho? 4 yrs.

**4. FULL NAME OF CHILD** Lavon Stephens Bramwell

6. Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

**3. RESIDENCE OF FATHER** (city, state) Menan, Idaho

5. Date of Birth of Child  
(Month, day, year) 10-21-1897

8. No. months of Pregnancy Nine 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Harry Adolphus Bramwell  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Exact Occupation Owner of Store  
15. Industry or Business General Mdse.

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sarah Stephens  
17. Color White 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Ogden Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature M.D. Midwife Address Date

State of California ss.  
County of San Francisco

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 44 years, and that Asina Ann Stephens, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires January 1, 1943

Subscribed and sworn to before me this 10<sup>th</sup> day of July 1942  
(SEAL) Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel E. Egan, Registrar.

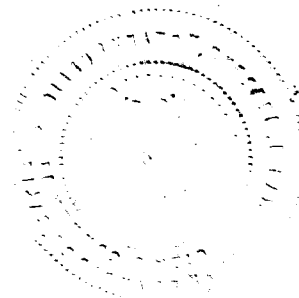


JUL 16 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

133-202-035-394

351163

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Nezperce (b) City Southwick  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
at Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nezperce  
(c) City Southwick  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 15 yrs.

**4. FULL NAME OF CHILD**

Susie Alice M<sup>c</sup> Coy

**3. RESIDENCE OF FATHER** (city, state) Southwick, Idaho

5. Date of Birth of Child  
(Month, day, year) March 2-1897

**6. Sex**

Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**

Austin Wray M<sup>c</sup> Coy

**11. Color or Race**

White 12. Age at time  
of THIS birth 27 yrs.

**13. Birthplace**

Sheridan Iowa  
(City or town) (State or foreign country)

**14. Exact Occupation**

Farmer

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lorina Nancy Triplett

**17. Color or Race**

White 18. Age at time  
of THIS birth 21 yrs.

**19. Birthplace**

Little Rock Arkansas  
(City or town) (State or foreign country)

**20. Exact Occupation**

Housewife

**21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Southwick, Idaho M. on the date March 2, 1897  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's**

**OWN signature**

Susie Buddy

**M.D.**

**Midwife**

**Address**

**Date**

State of.....  
County of..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942

by Martha H. H. H., Registrar.

1917  
AUG 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

351218

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Custer (b) City Challis  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Custer  
(c) City Challis  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 12 yrs.  
3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Edwin Bryan Christian

5. Date of Birth of Child  
(Month, day, year) March 2, 1897

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME John Franklin Christian  
11. Color White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Hannibal Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizabeth Belle Halleran  
17. Color white 18. Age at time of THIS birth 24 yrs.  
19. Birthplace New Orleans La.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature M.D. Midwife Address Date

State of Idaho  
County of Custer } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Mrs. Fortune Midwife who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Henry Nichols Signature  
Challis, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942  
(SEAL) Henry Nichols Probate Judge, residing at Challis, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mary E. Keifer, Registrar.

JUL 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

286-106036-466

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **352321**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Malad City  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 1 years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Malad City  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Malad

**4. FULL NAME OF CHILD** Cormac Joseph Shorb

5. Date of Birth of Child  
(Month, day, year) 6-6-97

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Cormac Joseph Shorb  
11. Color or Race white 12. Age at time of THIS birth 24 yrs.  
13. Birthplace Massillon Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation Printer and Publisher  
15. Industry or Business Publisher of Newspaper

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lillian Talitha Moore  
17. Color or Race white 18. Age at time of THIS birth 21 yrs.  
19. Birthplace (rural) Minnesota  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho  
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that  
(First name) (Last name) who attended this birth cannot be located I further state that  
(Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Talitha Shorb Signature

515 Cleveland, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942

(SEAL)

Annabel Lane

Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942

by Mary E. Egan, Registrar.

JUL 20 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765 110 029 214

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **352390**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Four Mile  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
At Farm Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county - years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Four Mile  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 11 yrs.

**3. RESIDENCE OF FATHER** (city, state) Four Mile, Ida.

**4. FULL NAME OF CHILD**

Fred Goetz

**5. Date of Birth of Child**

(Month, day, year) June 10, 1897

6. Sex Male

7. Twin or  
Triplet -

If so—born  
1st, 2nd, 3rd -

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Charles Goetz  
11. Color White 12. Age at time  
or Race of THIS birth 50 yrs.  
13. Birthplace Frankfort on Main, Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizabeth Bauscher  
17. Color White 18. Age at time  
or Race of THIS birth 31 yrs.  
19. Birthplace Langdendiebach, Germany  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11 o'clock M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Elizabeth Goetz, who is  
related to this child as Mother (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Mrs Samuel Midwife Address Palouse, Wash. Date 7-16-42

State of .....  
County of ..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
....., who attended this birth. I further state that  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this ..... day of ..... 19.....

(SEAL)

Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 20 1942 by Mary E. Egan, Registrar.



**SOL 2 1 15**

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 352400  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bannock (b) City Lava Hot Springs  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
born at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 20 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bannock  
(c) City Lava Hot Springs  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 65 yrs.

**3. RESIDENCE OF FATHER** (city, state) Lava Hot Springs, Idaho

5. Date of Birth of Child March 19, 1897  
(Month, day, year)

**4. FULL NAME OF CHILD**

Earl Alonzo Avery

6. Sex male

7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME John Alonzo Avery  
11. Color white 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Kanosh, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Harriet Marie Bybee  
17. Color white 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Honeyville, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho  
County of Bannock } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 46 years, and that Nancy Byington who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Marie Avery Signature  
Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July, 19 42  
(SEAL) Mykasa Ra Notary Public, residing at Lava Hot Springs, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by \_\_\_\_\_ Registrar.

JUL 22 1952

JUN 25 1957

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

256-213029-294

352505

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Julietta</u> (c) Street Address or R.F.D. No. <u>in country</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>6</u> years <u>6</u> months <u>0</u> days <b>IN THIS county</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Julietta</u> (in country) (d) Street Address or R.F.D. No. <u>no route no.</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>15</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Mary Margaret Knowles</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Julietta, Idaho</u>	

<b>6. Sex</b> <u>female</u>		<b>7. Twin or Triplet</b> <u>no</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 13, 1897</u>
		<b>If so—born 1st, 2nd, 3rd</b>	<b>8. No. months of Pregnancy</b> <u>9</u>
			<b>9. Legitimate?</b> <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Frank Knowles</u>	<b>16. FULL MAIDEN NAME</b> <u>Laura Kimberling</u>		
<b>11. Color or Race</b> <u>white</u>	<b>17. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>25</u> yrs.	<b>18. Age at time of THIS birth</b> <u>25</u> yrs.
<b>13. Birthplace</b> <u>Lincoln, Nebraska</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Bland County, Virginia</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>painter</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> <u>worked for self</u>	<b>21. Industry or Business</b>		

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** none

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Margaret Hall who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public in for the State of Idaho  
Residing at Moscow, Idaho  
My Commission Expires Dec. 19, 1942  
Subscribed and sworn to before me this 20th day of July, 1942

(SEAL) Laurence A. Huff Notary Public, residing at Moscow, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jul 22 1942 by Mary Margaret Knowles Registrar.

JUL 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

State File No. 352531  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County LATAH (b) City TROY  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
NONE  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County LATAH  
(c) City TROY  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** STANFORD EUGENE GAULDIN

5. Date of Birth of Child MAR. 23, 1942  
(Month, day, year)

6. Sex MALE 7. Twin or NO If so—born 8. No. months of Pregnancy 9 9. Legitimate? yes  
Triplet NO 1st, 2nd, 3rd

**FATHER OF CHILD**

**10. FULL NAME** JAMES B. GAULDIN  
**11. Color** WHITE **12. Age at time of THIS birth** 31 yrs.  
**13. Birthplace** MISSOURI  
(City or town) (State or foreign country)  
**14. Exact Occupation** FARMER  
**15. Industry or Business** same

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** EDNA MAE STODSHILL  
**17. Color** WHITE **18. Age at time of THIS birth** 21 yrs.  
**19. Birthplace** DURLEY IOWA  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** same

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**  
**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's** **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of OREGON County of DESCHUTES } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that DR. P. S. SCALLONS, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Mae Gauldin Signature  
P. O. Address

**NOTARY PUBLIC FOR OREGON**

Subscribed and sworn to before me this 14th day of JULY, 1942.  
Commission Expires Jan. 15, 1945 (SEAL) G. J. Moore Notary Public, residing at BEND, OREGON.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mari Steadman Registrar.

60855  
JUL 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

89 213025-618

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **352778**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City Frederick  
(c) Street Address or R.F.D. No. Country  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City Frederick  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Alice Margaret Harrah

**5. Date of Birth of Child**

(Month, day, year) May 13<sup>th</sup> 1897

**6. Sex**

**7. Twin or Triplet**

**If so—born 1st, 2nd, 3rd**

**8. No. months of Pregnancy**

**9. Legitimate?**

**FATHER OF CHILD**

**10. FULL NAME** Wilbur Jackson Harrah  
**11. Color or Race** white **12. Age at time of THIS birth** 38 yrs.  
**13. Birthplace** Indiana  
(City or town) (State or foreign country)  
**14. Exact Occupation** farmer  
**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Kathrine Almira Wayfield  
**17. Color or Race** white **18. Age at time of THIS birth** 27 yrs.  
**19. Birthplace** Heppner Oregon  
(City or town) (State or foreign country)  
**20. Exact Occupation** housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child ..... (b) Born ~~alive~~ and now living .....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's**

**OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of Washington } ss.  
County of King

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the Elbra C. Brown sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 45 years, and that Mary Large who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Elbra C. Brown Signature

R. 2 Box 526 Kirkland Wash. P. O. Address

Subscribed and sworn to before me this 25 day of July, 1942

(SEAL)

J. A. Maskroff

Notary Public, residing at Bozeman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mabel E. Eiler, Registrar.

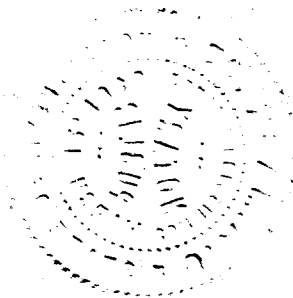


JUL 30 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

39-119028-315

352814

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County... Kootenai (b) City... Cary's Ferry  
(c) Street Address or R.F.D. No. .... Idaho  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State... Idaho (b) County... Kootenai  
(c) City... Cary's Ferry, Idaho  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 59 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

**4. FULL NAME OF CHILD**

Miles Richard Cary

**5. Date of Birth of Child**

(Month, day, year) Dec 19 1897

6. Sex Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy nine

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME George Washington Cary

11. Color White 12. Age at time 48  
or Race of THIS birth yrs.  
13. Birthplace Willamet Valley, Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Margaret Jane Lang

17. Color White 18. Age at time 29  
or Race of THIS birth yrs.  
19. Birthplace Oshawa, Canada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife

Address

Date

State of Idaho } ss.  
County of Bonner

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that  
Mrs. Lauch who attended this birth Deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Margaret Jane Gillispie Signature  
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of July, 19 42

(SEAL)

R. E. McLean Notary Public, residing at Priest River, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

APR 10 1945

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **352875**  
Local Reg. No. ....  
Reg. Dist. No. ....

**JUL 28 1942**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>JANESVILLE</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>7</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>JANESVILLE</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>BANNER EUGENE JORDAN</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>JANESVILLE IDA</u> 5. Date of Birth of Child (Month, day, year) <u>JUNE 25 1897</u>	
<b>6. Sex</b> <u>MALE</u>		7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>JAMES HENRY JORDAN</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>34</u> yrs. <b>13. Birthplace</b> <u>MURPHY NORTH CAROLINA</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>CARPENTER</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>RACHEL CATHERINE TRULL</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>MARSHALL NORTH CAROLINA</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>HOUSEWIFE</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** ..... M.D. Midwife Address Date  
 State of Idaho County of Nez Perce } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 45 years, and that Anna Trull-Fisher, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles F. Jordan Signature  
 Lewiston, Idaho P. O. Address  
 Subscribed and sworn to before me this 25 day of July, 1942  
 (SEAL) Dwight R. ... Notary Public, residing at Lewiston, Idaho  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
 Received for filing on JUL 28 1942 by Mary F. ... Registrar.

858888  
JUL 31 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 352931  
Local Reg. No. 1  
Reg. Dist. No. 1

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 1516 Jefferson Ave  
(d) Name of Hospital or Maternity Home: Born at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 1516 Jefferson Ave  
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

5. Date of Birth of Child  
(Month, day, year) Sept 15 1897

4. FULL NAME  
OF CHILD

James Henry Fallbusch

6. Sex Male

7. Twin or  
Triplet Twin

If so—born  
1st, 2nd, 3rd 1st

8. No. months  
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Philip Jacob Fallbusch  
11. Color White 12. Age at time  
or Race White of THIS birth 37 yrs.  
13. Birthplace Heidelberg Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Johnson  
17. Color White 18. Age at time  
or Race White of THIS birth 32 yrs.  
19. Birthplace Kalamazoo Mich.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I was in the room attended the birth of this child, who was alive at 1 M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Della Fallbusch who  
related to this child as mother (First name) (Last name)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho ss.  
County of King

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 50 years of age, that I have known this person for 45 years, and that  
do not know who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 132, 1937 Session Laws.

Della S. Fielding Signature

6417-Transit Ave - Seattle Wash P. O. Address

Subscribed and sworn to before me this 30 day of July, 19 42  
(SEAL) Ernest J. Wells Notary Public, residing at Seattle, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mary J. DeLeon Registrar.

18555

AUG 4 1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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281-20500-213

352968

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Adams (b) City Council  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
Mother's home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Adams  
(c) City Council  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Ida.

4. FULL NAME OF CHILD Alice Adelia Shaw

5. Date of Birth of Child  
(Month, day, year) 4/5/1897

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Ben Shaw

16. FULL MAIDEN NAME Catherine Rebecca Bacus

11. Color or Race White 12. Age at time of THIS birth 31 yrs.

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

13. Birthplace Mondamin Iowa (City or town) (State or foreign country)

19. Birthplace Howland Mo. (City or town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation Housewife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Lincoln } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Mrs. Sam Woods, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Rebecca Austin Signature

P. O. Address

Subscribed and sworn to before me this 29th. day of July 1942

(SEAL) W. E. Elvash Notary Public, residing at Newport, Ore.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

**NOTARY PUBLIC FOR OREGON**

Received for filing on JUL 31 1942 by Mary E. Fisher **NOTARY PUBLIC FOR OREGON** **COMMISSION EXPIRES FEB 26, 1947**



AUG 17 1942

JAN 18 1945

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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353026

353026

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Canyon (b) City Middleton  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Middleton  
(d) Street Address or R.F.D. No. 1  
(e) How long has **MOTHER** lived in Idaho? 16½ yrs.  
3. **RESIDENCE OF FATHER** (city, state) Middleton

4. **FULL NAME OF CHILD** ZELMA BELL KINGSBURY

5. Date of Birth of Child  
(Month, day, year) Nov. 29, 1897

6. Sex female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** William Sloan Kingsbury  
11. Color white 12. Age at time of THIS birth 50 yrs.  
13. Birthplace Appanoose County, Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma A. Darnall  
17. Color white 18. Age at time of THIS birth 40 yrs.  
19. Birthplace Centerville, Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Emma A. Kingsbury, who is related to this child as mother  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's Dr. Hall M.D. \_\_\_\_\_  
OWN signature Boise, Idaho Midwife Address Date

State of Idaho } ss.  
County of Canyon

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 44½ years, and that Dr. Hall, who attended this birth cannot be located. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma A. Kingsbury Signature  
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942.  
(SEAL) Charles Groom Notary Public, residing at Caldwell, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 15, 1942 by Mary E. Elden, Registrar.


10878  
AUG 17 1962

MAR 4 1957  
SEP 21 1960  
FEB 1 1966

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 219 001-693

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **353196**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise, Ida.  
(c) Street Address or R.F.D. No. 9th St.  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years 6 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 9th St.  
(e) How long has MOTHER lived in Idaho? 5 yrs.

**4. FULL NAME OF CHILD**

Ruth Anna Burnett

6. Sex Female 7. Twin or Triplet — If so, born 1st, 2nd, 3rd —

**FATHER OF CHILD**

10. FULL NAME Hepler Shepherd Burnett  
11. Color White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Curryville - Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Blacksmith  
15. Industry or Business —

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

5. Date of Birth of Child (Month, day, year) July 19-1897  
8. No. months of Pregnancy 9 9. Legitimate? yes.

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Lucie Inez Williams  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Plattsville, Wisconsin  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss. County of King } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Dr. Bowens who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sessie J. Russell Signature

Subscribed and sworn to before me this 3 day of August, 1942

(SEAL)

William A. Hanson Notary Public, residing at Seattle

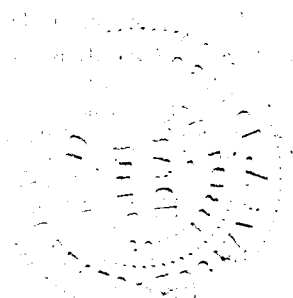
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on AUG 5 1942 by Mary E. ... Registrar.

AUG 7 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

245 205006 693

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **353257**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 15 years months days

**4. FULL NAME OF CHILD**

Helen Gertrude Kunz

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd .....

**FATHER OF CHILD**

10. FULL NAME Albert Henry Kunz  
11. Color W 12. Age at time of THIS birth 25 yrs.  
13. Birthplace Burlington, Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Laborer  
15. Industry or Business .....

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bingham  
(c) City Idaho Falls  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state) same

5. Date of Birth of Child (Month, day, year) Nov 5, 1897

8. No. months of Pregnancy 9 9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ester Florence Wilson  
17. Color W 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Ogden, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation none  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Iowa County of Sacramento ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 45 years, and that Mr. Cook who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of May, 1942  
(SEAL) Notary Public, residing at Burlington, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by Mary E. Lister, Registrar.

AUG 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955-230 025-666

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **353265**

Local Reg. No. ....

Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **IDAHO** (b) City **POLLOCK**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
**AT HOME**  
(e) Mother's stay **BEFORE** delivery  
**IN THIS** county **22** years **6** months **16** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **IDAHO** (b) County **IDAHO**  
(c) City **POLLOCK**  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? **15** yrs.

4. **FULL NAME OF CHILD** **SUNICE REEVES**  
7. Twin or Triplet **NO** If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) **POLLOCK IDA**  
5. Date of Birth of Child **7-30-1897**  
(Month, day, year)  
8. No. months of Pregnancy **9** 9. Legitimate? **YES**

**FATHER OF CHILD**  
10. **FULL NAME** **LEWIS E REEVES**  
11. Color or Race **white** 12. Age at time of THIS birth **26** yrs.  
13. Birthplace **JOHNDAY OREGON**  
(City or town) (State or foreign country)  
14. Exact Occupation **FARMER**  
15. Industry or Business **STOCK RAISING**

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** **HANNAH B. WOODS**  
17. Color or Race **white** 18. Age at time of THIS birth **22** yrs.  
19. Birthplace **LITTLE ROCK ARKANSAS**  
(City or town) (State or foreign country)  
20. Exact Occupation **HOUSE WIFE**  
21. Industry or Business **HOUSE KEEPING**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NONE**  
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **BORN** at **2 A.M.** M. on the date **(Born alive, common)** **BELL REEVES**, who is related to this child as **MOTHER** (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **IDAHO** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of **IDAHO**

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 1, above, that I am now **67** years of age, that I have known this person for **45** years, and that **Charlotte DENNEY**, who attended this birth **IS NOW DEAD** (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Hannah B Reeves** Signature  
**TRIANG IDAHO** P. O. Address

Subscribed and sworn to before me this **4** day of **AUGUST**, 19**42**  
(SEAL) **John H. Clay** Notary Public, residing at **Riggins Idaho**  
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on **AUG 6 1942** by **Marj E. Clay**, Registrar.

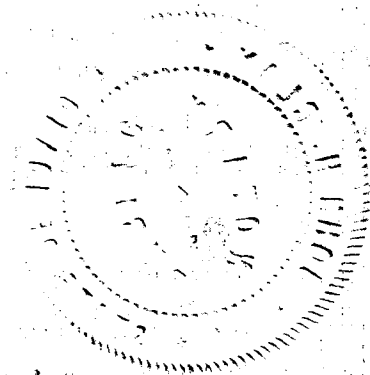


AUG 10 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719 126 036-465

353333

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County ONEIDA (b) City FRANKLIN  
(c) Street Address or R.F.D. No. IDAHO  
(d) Name of Hospital or Maternity Home: Residence  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County ONEIDA  
(c) City FRANKLIN  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

4. **FULL NAME OF CHILD** FRED DONEY PARKINSON

5. Date of Birth of Child IDAHO  
(Month, day, year) June 26, 1897

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mths Legitimate? yes

**FATHER OF CHILD** PARKINSON

**MOTHER OF CHILD** PARKINSON

10. **FULL NAME** FREDERICK SMART

16. **FULL MAIDEN NAME** BESSIE ANN DONEY

11. Color or Race White 12. Age at time of THIS birth 21 yrs.

17. Color or Race White 18. Age at time of THIS birth 21 yrs.

13. Birthplace FRANKLIN IDAHO  
(City or town) (State or foreign country)

19. Birthplace FRANKLIN IDAHO  
(City or town) (State or foreign country)

14. Exact Occupation Farming & Sheep Business

20. Exact Occupation Housewife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....1..... (b) Born alive and now living.....yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 P. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by HELEN MORGAN, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature Helen Morgan M.D. BESSIE ANN DONEY PARKINSON June 2 1897

Midwife Address FRANKLIN, IDAHO

State of Idaho ss. Helen Morgan

County of Franklin ss. Helen Morgan

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears

in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that

Helen Morgan who attended this birth deceased I further state that,

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Ann Doney Parkinson Signature

Edmin G. Risting, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942

(SEAL) Reeph A. Foster Notary Public, residing at Risting, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by Mabel E. Fisher Registrar.

AUG 12 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-206036793

353353

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Preston  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 0 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City.....  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Evelyn Sprague  
5. Date of Birth of Child  
(Month, day, year) Feb. 6, 1897

6. Sex Female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd        8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Solomon Abraham Sprague</u>	16. <b>FULL MAIDEN NAME</b> <u>Jennie Giles</u>	11. Color <u>white</u>	17. Color <u>white</u>
12. Age at time of THIS birth <u>37</u> yrs.	18. Age at time of THIS birth <u>32</u> yrs.	13. Birthplace <u>Ogden, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Fillmore Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Attorney</u>	20. Exact Occupation <u>Dressmaker- Housewife</u>	15. Industry or Business <u>      </u>	21. Industry or Business <u>      </u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of Utah County of Sawier } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that.....  
(First name) (Last name) who attended this birth.....deceased I further state that  
(Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Jennie Sprague.....Signature  
.....Monroe, Utah.....P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942  
(SEAL) A. L. Andersen Notary Public, residing at Monroe, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires 3-28-45

Received for filing on AUG 10 1942 by Mary E. Fisher Registrar.

AUG 13 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-119 030-249

353427

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Gibsonville</u> (c) Street Address or R.F.D. No. <u>Idaho</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: _____ IN THIS county <u>9</u> years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Gibsonville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Albert-Bryan Kishin</u> 7. Twin or Triplet <u>2</u> If so—born 1st, 2nd, 3rd _____		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 19, 1897</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>X</u> <u>yes</u>	
<b>6. Sex</b> <u>male</u> <b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Albert-Bryan Kishin</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>33</u> yrs. <b>13. Birthplace</b> <u>Idaho</u> (City or town) _____ (State or foreign country) _____ <b>14. Exact Occupation</b> <u>Miner</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Emma Ann Smith</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>33</u> yrs. <b>19. Birthplace</b> <u>Idaho</u> (City or town) _____ (State or foreign country) _____ <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum: \_\_\_\_\_  
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)  
 (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of Pacific Mother

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 76 years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that \_\_\_\_\_ (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Ann Harrison Signature  
South Bend Wash. P. O. Address

Subscribed and sworn to before me this 8th day of August, 1942.  
 (SEAL) Eda Eichner Notary Public, residing at Raymond  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel T. Fisher, Registrar.

MAR 21 1963

AUG 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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258-127029212

353453

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County LATAH (b) City KENDRICK  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County LATAH  
(c) City KENDRICK  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 50 yrs.

**3. RESIDENCE OF FATHER** (city, state) IDAHO

**4. FULL NAME OF CHILD** CHRIS WILLIAM BEYER

5. Date of Birth of Child  
(Month, day, year) MAY 27<sup>th</sup> 1897

6. Sex MALE 7. Twin or Triplet If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME CHARLES BEYER  
11. Color WHITE 12. Age at time of THIS birth 51 yrs.  
13. Birthplace BERLIN GERMANY  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME BERTHA KASTEN  
17. Color WHITE 18. Age at time of THIS birth 25 yrs.  
19. Birthplace GERMANY  
(City or town) (State or foreign country)  
20. Exact Occupation Nurse  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature M.D. Midwife Address Date

State of IDAHO  
County of LATAH } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 45 years, and that John Doe Gibson who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jos. O. Gibson Signature  
P. O. Address

Subscribed and sworn to before me this 25<sup>th</sup> day of July, 1942  
(SEAL) Robert H. Peterson Notary Public, residing at Moscow, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Marj H. Peterson Registrar.



AUG 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

354 113 006 154

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **353457**

Local Reg. No.

Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Firth</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS county 2 years 2 months 28 days</u>		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Firth</u> (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>George Wicklif Cederberg</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>January 13, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>Triplet</u>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Gustav William Cederberg</u>		<b>16. FULL MAIDEN NAME</b> <u>Carolina Josephine Anderson</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>49</u> yrs.		<b>18. Age at time of THIS birth</b> <u>27</u> yrs.	
<b>13. Birthplace</b> <u>Orrebro</u> <u>Sweden</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Jonkopings</u> <u>Sweden</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Baptist minister &amp; farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 6 P.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** J. W. Corle **Midwife** Address Firth, Idaho **Date** Aug. 6, 1942

State of \_\_\_\_\_ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of \_\_\_\_\_

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_

(SEAL)

Notary Public, residing at \_\_\_\_\_

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel E. [Signature] Registrar.

AUG 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353476**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:**  
(a) County **Ada** (b) City **Boise**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: **Born at home**  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
In **THIS** county. .... years. .... months. .... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State **Idaho** (b) County **Ada**  
(c) City **Boise**  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? .... yrs.  
(f) Mother's mailing address. ....
3. **RESIDENCE OF FATHER** (city, state) .....

4. **FULL NAME OF CHILD** **Mildred Dorman**  
5. Date of Birth (Month, day, year) **Aug. 23, 1927**  
6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? **Yes**

- | FATHER OF CHILD   |   | MOTHER OF CHILD                              |   |
|---|---|--|---|
| 10. <b>FULL NAME</b> <b>Henry Sherman Dorman</b>                                | 16. <b>FULL MAIDEN NAME</b> <b>May Russell Dorman</b>                           |  |   |
| 11. Color or Race <b>White</b>  | 17. Color or Race <b>White</b>  | 12. Age at time of THIS birth <b>23</b> yrs. | 18. Age at time of THIS birth <b>21</b> years |
| 13. Birthplace <b>Paris, Ills.</b><br>(City or town) (State or foreign country) | 19. Birthplace <b>Boise, Idaho</b><br>(City or town) (State or foreign country) |  |   |
| 14. Exact Occupation <b>Plumbing salesman</b>                                   | 20. Exact Occupation <b>Housewife</b>   |  |   |
| 15. Industry or Business .....  | 21. Industry or Business .....  |  |   |

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....  
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

26. (a) **AUG 10 1927** (Date received) **May 14 1927** (Registrar's signature)  
27. Given name added on..... by..... (Registrar's signature)  
25. Attendant's **OWN** signature..... M.D. or..... (D.O., Midwife, etc.)  
and address..... Date.....

State of **Washington** }  
County of **King** } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I **Mildred Dorman Softky**, being first duly sworn, say that I am **related** (Related to (or) acquainted with)  
as **mother**, whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that **Dr. Bowers** who attended  
said birth **is now deceased** (Name of attendant at birth)  
(is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this **7th** day of **August** **1927**  
(SEAL) **Juanita Mary** Notary Public, residing at **Seattle**  
**May Russell Dorman** Name  
**1808-38th No. Seattle, Wash.** P. O. Address

1076  
AUG 14 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-103-240-258

353542

Use only BLACK Ink or BLACK Reesed typewriter ribbon in completing this certificate. No charge for filing. Each certified bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. copy requires an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child) State File No. Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County. Shoshone (b) City. Burke (c) Street Address or R.F.D. No. none (d) Name of Hospital or Maternity Home: at home (e) Mother's stay BEFORE delivery: IN THIS county 10 years months days 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State. Idaho (b) County. Shoshone (c) City. Burke (d) Street Address or R.F.D. No. none (e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Burke Idaho 4. FULL NAME OF CHILD. Joseph Michael Riley 5. Date of Birth of Child (Month, day, year) July 3-1897 6. Sex male 7. Twin or no Triplets If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD 10. FULL NAME. Joseph Charles Riley 11. Color. White 12. Age at time of THIS birth yrs. 13. Birthplace. County Clare Ireland (City or town) (State or foreign country) 14. Exact Occupation. Machine Miner 15. Industry or Business. Mining MOTHER OF CHILD 16. FULL MAIDEN NAME. Emma Bell Snyder 17. Color. White 18. Age at time of THIS birth yrs. 19. Birthplace. Portland Oregon (City or town) (State or foreign country) 20. Exact Occupation. House wife 21. Industry or Business.

22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as. (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah County of Salt Lake ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 44 years, and that Barbara E. Snyder, who attended this birth, deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of August 1942 (SEAL) Notary Public, residing at Salt Lake City. (Note. Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on AUG 13 1942 by Registrar.

NOV 23 1964  
NOV 23 1964

AUG 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

444-101-014-256

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

353572

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County CASSIA (b) City ALBION  
(c) Street Address or R.F.D. No. NONE  
(d) Name of Hospital or Maternity Home: NONE

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years 6 months — days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County CASSIA  
(c) City ALBION  
(d) Street Address or R.F.D. No. NONE  
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) ALBION, IDA

**4. FULL NAME OF CHILD** HERBERT HERALD DUMAS

5. Date of Birth of Child  
(Month, day, year) OCTOBER 1, 1897

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME HERBERT BYRON DUMAS  
11. Color or Race WHITE 12. Age at time of THIS birth 22 yrs.  
13. Birthplace SALT LAKE CITY, UTAH  
(City or town) (State or foreign country)  
14. Exact Occupation BRICK MOULDER  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME GEORGIA ELLA SNOW  
17. Color or Race WHITE 18. Age at time of THIS birth 18 yrs.  
19. Birthplace ARKANSAS CITY, KANSAS  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum THAT APPLIED BY PHYSICIAN

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 12<sup>45</sup> P.M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Georgia Ella Gannery, who is  
related to this child as Mother.  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Washington } ss.  
County of Franklin

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 45 years, and that

For Story, who attended this birth Deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Ella Gannery Signature  
15430-1 Ave. So. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 8th day of August, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Joseph P. Tammis Notary Public, residing at Burien Wash.  
Robert J. Blaher, Registrar.



**AUG 17 1942**

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-2281001-243

353592

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (At time of this birth)

- (a) County Blaine (b) City Boise  
(c) Street Address or R.F.D. No. South Boise  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 15 years months days

**4. FULL NAME OF CHILD**

Myrtle Patterson

**6. Sex**

Female Twin or Triplet

If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

**10. FULL NAME**

Charles Patterson

**11. Color**

white

**12. Age at time**

of THIS birth 24 yrs.

**13. Birthplace**

Illinois

(City or town)

(State or foreign country)

**14. Exact Occupation**

Clerk

**15. Industry or Business**

Hardware & Grocery

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No. South Boise

(e) How long has MOTHER lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**5. Date of Birth of Child**

(Month, day, year) Oct. 28-1897

**8. No. months of Pregnancy**

9

**9. Legitimate?** yes

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Mary Etta Butler

**17. Color**

white

**18. Age at time**

of THIS birth 20 yrs.

**19. Birthplace**

Madison

(City or town)

(State or foreign country)

**20. Exact Occupation**

Housewife

**21. Industry or Business**

Housewife

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

(Mother, etc.)

**25. Attendant's**

**OWN signature**

**M.D.**

**Midwife**

**Address**

**Date**

State of California } ss.  
County of Los Angeles

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 25 years, and that

Hera Ross Davis (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hera Ross Davis Signature

14003 R. Ave P. O. Address

Subscribed and sworn to before me this 11th day of August, 1948

(SEAL)

Benjamin F. ... Notary Public, residing at San Fernando Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1948 by Manuel ... Registrar.

AUG 12 1964

AUG 18 1942

DEC 11 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-127-029-349

353596

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latih (b) City Moscow  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 28 years - months - days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latih  
(c) City Moscow  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Arthur P. Donner

5. Date of Birth of Child  
(Month, day, year) 6/27/1897

**6. Sex**

Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME**

John P. Donner

**11. Color or Race**

White

12. Age at time  
of THIS birth 40 yrs.

**13. Birthplace**

New York City  
(City or town) (State or foreign country)

**14. Exact Occupation**

Rancher

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Kathern Curtin

**17. Color or Race**

white

18. Age at time  
of THIS birth 35 yrs.

**19. Birthplace**

Ireland  
(City or town) (State or foreign country)

**20. Exact Occupation**

House wife

**21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
(First name) (Last name)  
related to this child as.....  
(Mother, etc.)

**25. Attendant's OWN signature**

M.D.  
Midwife Address

Date

State of Idaho  
County of Boise } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that  
who attended this birth..... I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Ellen Curtin Mortimer Signature

113231 W. Park St P. O. Address

Subscribed and sworn to before me this.....day of.....1942

(SEAL)

Charles Deacon Notary Public, residing at Chicago, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

by.....

Mabel Becker

Registrar.

AUG 14 1942

AUG 18 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-220-001 AUG 235

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **353636**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. near Boise  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay **BEFORE** delivery: about 5 yrs  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. near Boise  
(e) How long has **MOTHER** lived in Idaho about 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) near Boise

**4. FULL NAME OF CHILD**

Rachel Annie Facey

**5. Date of Birth of Child**

(Month, day, year) Sept 20-1907

**6. Sex** female

**7. Twin or**  
Triplet

If so—born  
1st, 2nd, 3rd

**8. No. months**  
**of Pregnancy**

**9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME**

George Facey

**11. Color**

white

**12. Age at time**

of THIS birth 42 yrs.

**13. Birthplace**

unknown

England

(City or town)

(State or foreign country)

**14. Exact**

Occupation

laborer

**15. Industry or**

Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Emma Blevins

**17. Color**

white

**18. Age at time**

of THIS birth 33 yrs.

**19. Birthplace**

unknown

Canada

(City or town)

(State or foreign country)

**20. Exact**

Occupation

housewife

**21. Industry or**

Business

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** do not know

**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature**

M.D.

Midwife

Address

Date

State of Idaho

County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that Bowers, Dr. L. C., who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Subscribed and sworn to before me this 20th day of August

(SEAL)

Rosa A. Hawthorn

Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

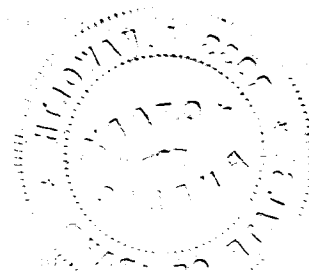
Received for filing on AUG 20 1942 by Mary E. Elder, Registrar.

AUG 20 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349-230-DEL-275  
AUG 20 1942

353637

353637

United States  
Department of Commerce  
Bureau of the Census

Secure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. Near Boise  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 9 years 8 months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. Near Boise  
(e) How long has **MOTHER** lived in Idaho? 9 2/3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Clara May Curtis  
5. Date of Birth of Child  
(Month, day, year) Mar. 30, 1897

6. Sex female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Henry Curtis  
11. Color white 12. Age at time of THIS birth 41 yrs.  
or Race \_\_\_\_\_  
13. Birthplace Near Swange England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Eliza Jane Blevins  
17. Color White 18. Age at time of THIS birth 38 yrs.  
or Race \_\_\_\_\_  
19. Birthplace Unknown Ontario, Canada  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. do not know  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_  
Midwife Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Ada }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that Dr. L. C. Bowers is now deceased  
(First name) (Last name) who attended this birth \_\_\_\_\_ I further state that \_\_\_\_\_  
(Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\_\_\_\_\_  
Boise, Idaho \_\_\_\_\_ P. O. Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Subscribed and sworn to before me this 20<sup>th</sup> day of August, 1942  
(SEAL) Ross A. Howard Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mary E. Elder, Registrar.

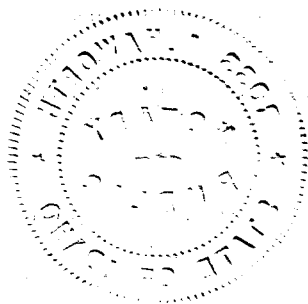


1108711  
AUG 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-228-075-767

353673

353673

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Nezperce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>8</u> months <u>28</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nezperce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Katherine Jane Foreman</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>6/28/97</u>	
<b>6. Sex</b> <u>Female</u>		<b>7. Twin or Triplet</b> <u>no</u>	
<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>yes</u>	
<b>10. FULL NAME</b> <u>William Foreman</u>		<b>16. FULL MAIDEN NAME</b> <u>Sarah Katherine Pope</u>	
<b>11. Color or Race</b> <u>white</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>33</u> yrs.		<b>18. Age at time of THIS birth</b> <u>23</u> yrs.	
<b>13. Birthplace</b> <u>Lewiston, Idaho</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Woodstock, Ill.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Newspaperman</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>not known</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>yes</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date.....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (First name) (Last name)  
 (Mother, etc.)

**25. Attendant's OWN signature**.....**M.D.**.....**Address**.....**Date**.....  
 State of Washington.....**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of King.....ss.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 2 above, that I am now.....years of age, that I have known this person for.....years, and that.....  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sarah Katherine Pope Foreman Signature  
406-87th ave W Seattle P. O. Address

Subscribed and sworn to before me this 22d day of Aug, 1947  
 (SEAL) Ed Parker Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Marj Elder, Registrar.

AUG 13 1968

AUG 27 1968

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 129, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to said date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 36, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **353752**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Oneida (b) City Franklin  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Residence  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Oneida  
(c) City Franklin  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 40 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Kenneth Asa Charles Smith

5. Date of Birth of Child  
(Month, day, year) Nov 1, 1947

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Abraham C. Smith  
11. Color White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace (City or town) (State or foreign country)  
14. Exact Occupation Lawyer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Melissa Hobbs  
17. Color White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.  
County of Cache

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Allen (First name) Gutler (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abraham Charles Smith Signature  
244 N. 4th E. Logan, Utah P. O. Address

Subscribed and sworn to before me this 13th day of August, 19 42.  
(SEAL) Charles Gutler Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) 10-10-45

Received for filing on AUG 17 1947 by Myra E. Smith Registrar.

AUG 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be accepted and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

954-201-040-252

353872

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Shoshone (b) City Mullen  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery  
IN THIS county 6 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Mullen  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 6 yrs

4. **FULL NAME OF CHILD** Tillie Norma Renkert

3. **RESIDENCE OF FATHER** (city, state) Mullen Idaho  
5. Date of Birth of Child  
(Month, day, year) 9-1-1897

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** George Renkert  
11. Color White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Aurora Ind  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Margaret Gitcher Kessler  
17. Color White 18. Age at time of THIS birth 36 yrs.  
19. Birthplace Aurora Indiana  
(City or town) (State or foreign country)  
20. Exact Occupation Bookkeeper  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington County of Spokane } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 44 years, and that Renkert who attended this birth Cannot be located I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Subscribed and sworn to before me this 12th day of August, 1942  
(SEAL) Mary Renkert Signature  
706 Columbus St P. O. Address  
Notary Public, residing at Spokane  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel Beeler Registrar.

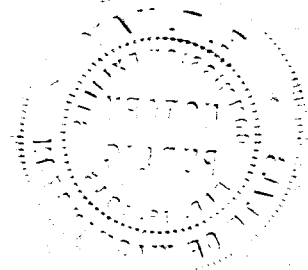
10-1889

AUG 22 1946

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

464 707 003-381

354939

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>730 S. ARTHUR ST</u> (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>730 S. ARTHUR ST</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Hiram Elbert Dodds</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Pocatello, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Dec. 7, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> <u>No</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>James Hiram Dodds</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>34</u> yrs. <b>13. Birthplace</b> <u>Des Moines Co., Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Conductor, Oregon Short Line R.R.</u> <b>15. Industry or Business</b> <u>Railroading</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Charity Armina Chafa</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>34</u> yrs. <b>19. Birthplace</b> <u>Rhodes Valley, Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child THREE (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)  
25. Attendant's  
OWN signature M.D. Midwife Address Date

State of CALIFORNIA } ss.  
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the OLDER BROTHER of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 50 years, and that DR. RECKER who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature H. Dodds  
749 S. Longwood Ave. - Los Angeles, Calif. P. O. Address  
Subscribed and sworn to before me this 17th day of August, 1942  
(SEAL) Lores Robinson Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated Commission Expires April 30, 1944)

Received for filing on AUG 20 1942 by Mabel T. Baker Registrar.



AUG 24 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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734 115001-866  
United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

354943  
State Reg. No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH

(a) County ADA (b) City BOISE  
(c) Street Address or R.F.D.No. not known  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years 6 months S days

4. FULL NAME

OF CHILD JOHN ALBERTICE PLUMMER

6. Sex

MALE

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

5. Date of Birth

(Month, day year) Nov. 15-1897

8. No. months

of Pregnancy 9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL  
NAME

WATT ALBERTICE PLUMMER

11. Color

White

12. Age at time

of THIS birth. 36 yrs.

13. Birthplace.

Boone County, Iowa

(City or town) (State or foreign country)

14. Exact

Occupation.

Laborer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

LENORA VIOLA HOWELL

17. Color

White

18. Age at time

of THIS birth. 25 yrs

19. Birthplace.

not known,

Iowa

(City or town) (State or foreign country)

20. Exact

Occupation.

housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) AUG 21 1942  
(Date received)

(Mother, etc.)

(Registrar's signature)

25. Attendant's

OWN signature.

M.D.

27. Given name added on \_\_\_\_\_

by \_\_\_\_\_

(Registrar's signature)

and address \_\_\_\_\_

Date \_\_\_\_\_ (D.O., Midwife, etc.)

State of California

County of Los Angeles

} ss.

• AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles C. Smith

, being first duly sworn, say that I am a friend,

John Albertice Plummer

as of several years standing (Related to or acquainted with)

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known, who attended

said birth is deceased or cannot be located (Name of attendant at birth)

(Is now deceased (or) cannot be located)

Charles C. Smith

Signature

1226 Portola Ave. Torrance, Calif. P. O. Address

Subscribed and sworn to before me on this 11th day of August, 1942

(SEAL)

Gladys Dourine Notary Public, residing at Torrance, Calif.

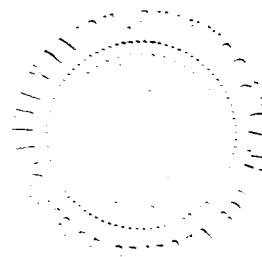
My Commission Expires September 27th, 1943.

AUG 24 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168 109 021-414

355107

355107

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)  
(a) County Franklin (b) City Princeton  
(c) Street Address or R.F.D. No. P.O.  
(d) Name of Hospital or Maternity Home Home of Parents  
(e) Mother's stay BEFORE delivery:  
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Franklin  
(c) City Princeton  
(d) Street Address or R.F.D. No. P.O.  
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Princeton, Ida.  
4. FULL NAME OF CHILD OSBOURN JOHNSON  
5. Date of Birth of Child (Month, day, year) May 9<sup>th</sup> 1899  
6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD  
10. FULL NAME LARS Christian Johnson 16. FULL NAME Marilda Madison  
11. Color or Race White 12. Age at time of THIS birth 58 yrs. 17. Color or Race White 18. Age at time of THIS birth 39 yrs.  
13. Birthplace Randers DENMARK (City or town) (State or foreign country) 19. Birthplace Copenhagen DENMARK (City or town) (State or foreign country)  
14. Exact Occupation FARMER 20. Exact Occupation House Wife  
15. Industry or Business — 21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE  
24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of LAYTON } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 45 years, and that MRS JIM RAWLINS (First name) (Last name), who attended this birth, deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bellevue Detton Signature  
530 Fairview Ave Nampa P. O. Address  
14 day of Sept 1942  
(SEAL) Geo A. Dixon Notary Public, residing at Nampa  
(Notary Public is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mary E. Elder Registrar.

SEP 1 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

253 114-029-381

355437

355137

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Troy  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home:  
None  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 4 years 8 months No days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 41 yrs.

**3. RESIDENCE OF FATHER** (city, state) Troy, Idaho

5. Date of Birth of Child  
(Month, day, year) May 14, 1897

**4. FULL NAME OF CHILD**

Percy Alven Kelly

6. Sex Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy nine

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Richard Wilson Kelly

11. Color white 12. Age at time  
or Race white of THIS birth 27 yrs.  
13. Birthplace Racine Wisconsin  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sarah Ann Chaffee

17. Color white 18. Age at time  
or Race white of THIS birth 28 yrs.  
19. Birthplace Crownna Indiana  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of Idaho  
County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that  
Mrs Spencer, who attended this birth deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Sarah Ann Kelly Signature  
Route #4, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this.....day of May, 1942

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 8, 1942 by Mary E. Elden, Registrar.

781730

SEP 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 355259  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Washington</u> City <u>Council</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Council</u> (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho? <u>64</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>George Andrew Winkler</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Mar-12-1897</u>	
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> <u>no</u> <b>If so—born</b> 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>George M. Winkler</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>41</u> yrs. <b>13. Birthplace</b> <u>Richmond W. Va.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer and Merchant</u> <b>15. Industry or Business</b> <u>Same</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Elizabeth Harp</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>35</u> yrs. <b>19. Birthplace</b> <u>Jayettesville, Ark.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> <u>Same</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> <u>Don't know</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** deceased **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Idaho  
County of Adams } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that Sarah Harp (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Winkler Signature

Subscribed and sworn to before me this 24 day of August 1942

(SEAL) Swelling Notary Public, residing at Council Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mar. B. B. B. Registrar.

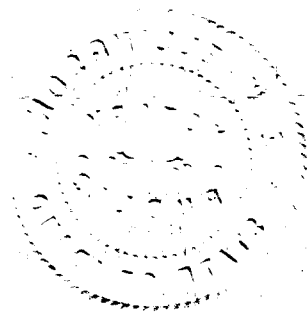


SEP 11 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-1141029-717

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 355305

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Latah (b) City Genesee  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: none  
(e) Mother's stay BEFORE delivery:  
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Genesee  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 7 yrs.

4. FULL NAME OF CHILD WILLIAM LESTER BELL  
7. Twin or Triplet no If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.  
5. Date of Birth of Child (Month, day, year) Nov. 14, 1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME WILLIAM SOLOMAN BELL  
11. Color or Race White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Wingham, Canada  
(City or town) (State or foreign country)  
14. Exact Occupation Railway engineer  
15. Industry or Business Northern Pacific Railway.

MOTHER OF CHILD  
16. FULL MAIDEN NAME MARY ALICE PAGE  
17. Color or Race White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Newton County, Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown  
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11:15 P.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Mary A. Bell, who is related to this child as Mother (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss.  
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Dr. Dordant, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary A. Bell Signature

Subscribed and sworn to before me this 25<sup>th</sup> day of August, 1942

(SEAL) [Signature] Notary Public, residing at Spokane  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

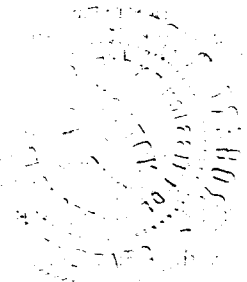
Received for filing on AUG 31 1942 by Mary A. Bell, Registrar.

SEP 2 1937

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **355377**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Canyon (b) City Payette  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 5 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Payette  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Payette, Ida

**4. FULL NAME OF CHILD**

Albert Adrian Lauer

**5. Date of Birth of Child**

(Month, day, year) April 13, 1897.

**6. Sex** Male

**7. Twin or**  
**Triplet**

If so—born  
1st, 2nd, 3rd

**8. No. months**  
**of Pregnancy** Nine

**9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME**

Milton Lauer

**11. Color or Race**

White

**12. Age at time**

of THIS birth 28 yrs.

**13. Birthplace**

Idaho City, Idaho

(City or town)

(State or foreign country)

**14. Exact**

Occupation Livery Stable operator

**15. Industry or Business**

Livery business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Dora George

**17. Color or Race**

White

**18. Age at time**

of THIS birth 25 yrs.

**19. Birthplace**

Hickory

Missouri

(City or town)

(State or foreign country)

**20. Exact**

Occupation House wife

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**

M.D.  
Midwife Address

Date

State of Idaho  
County of Payette } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that

T.M.  
(First name)

Kimmel  
(Last name)

who attended this birth is now deceased I further state that  
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Milton Lauer

Signature

Payette, Idaho, Route #2

P. O. Address

Subscribed and sworn to before me this 31st day of August, 1942

(SEAL)

Notary Public, residing at Payette, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

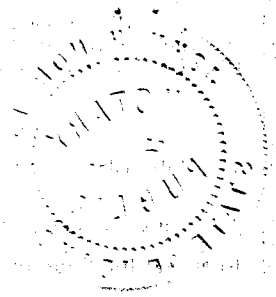
Received for filing on AUG 31 1942 by Mabel E. Lauer, Registrar.

SEP 3 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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2951-205-122-814

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **355421**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH:</b> (a) County <u>Fremont</u> (b) City <u>St. Anthony</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>0</u> days. In THIS county <u>1</u> years <u>2</u> month <u>8</u> days.	<b>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</b> (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>St. Anthony</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address <u>St. Anthony, Idaho</u>
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<b>4. FULL NAME OF CHILD</b> <u>ELMA IRENE BRISCOE</u> <b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> _____ <b>8. No. months of Pregnancy</b> <u>9</u>	<b>5. Date of Birth</b> (Month, day, year) <u>April 5, 1897</u> <b>9. Legitimate?</b> <u>yes</u>
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<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Frederick Seymour Briscoe</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>35</u> yrs. <b>13. Birthplace</b> <u>Indianola, Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farming</u>	<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Pearl Vinnie Hammitt</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>20</u> yrs. <b>19. Birthplace</b> <u>Plattaville, Colorado</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>home</u>
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum** unknown  
**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1  
 (c) Born alive and now dead none (d) Stillborn none

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_.  
 (born alive, stillborn) (First name) (Last name)

<b>26. (a) Date received</b> <u>SEP 2 1942</u> <b>27. Given name added on</b> _____ by _____ (Registrar's signature)	<b>25. Attendant's OWN signature</b> _____ and address _____ Date _____
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State of California }  
 County of Los Angeles } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Briscoe Frazier, being first duly sworn, say that I am \_\_\_\_\_, (Related to (or) acquainted with)  
Elma Irene Briscoe as mother, whose birth certificate  
 (Name of person on certificate above) (State relationship or acquaintance)  
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Middleton, who attended  
 (Name of attendant at birth)  
 said birth is now deceased and that this birth has not been previously recorded.  
 (Is now deceased (or) cannot be located)

Pearl Briscoe Frazier Signature  
2934 Hansen Ave South Gate Calif. P.O. Address

Subscribed and sworn to before me on this 31st day of August, 19 42  
 (SEAL) Sadie Frost Notary Public, residing at 360 W. 88th Street  
Los Angeles, Calif.  
 My Commission Expires July 31, 1945

131038  
SEP 4 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

SEP 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

355463

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bear Lake (b) City Raymond  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Raymond  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 7 yrs.  
3. RESIDENCE OF FATHER (city, state) Raymond, Idaho

4. FULL NAME OF CHILD William Edwin Banks

5. Date of Birth of Child  
(Month, day, year) 1/22/1897

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William C. Banks,  
11. Color white 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Tooele, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Ann Tubbs  
17. Color white 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Heber, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife.  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that I know of.  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO  
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all his life years, and that Mrs. M. Wheelock is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza T. Banks Signature  
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of August, 1942  
(SEAL) Chas. S. Stamer

Notary Public, residing at Montpelier, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mabel Beeler Registrar.



SEP 5 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355517

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH  
(a) County Latah (b) City Troy, Idaho  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home days  
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 7 yrs.  
(f) Mother's mailing address now deceased

3. RESIDENCE of FATHER (city, state) "

4. FULL NAME OF CHILD Esther R. Knutson  
5. Date of Birth (Month, day year) 6/9/97  
6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME Andrew Knutson  
11. Color white 12. Age at time of THIS birth 41 yrs.  
13. Birthplace Gudbrandalen, Norway  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business "

MOTHER OF CHILD  
16. FULL MAIDEN NAME Carrie Hansen  
17. Color white 18. Age at time of THIS birth 40 yrs.  
19. Birthplace Gudbrandalen, Norway  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Marjorie Knutson, who is  
related to this child as (Mother) (First name) (Last name)

26. (a) SEP 4 1942 (Date received) (b) Marjorie Knutson (Mother's signature)  
25. Attendant's OWN signature M.D.  
(D.O., Midwife, etc.)  
27. Given name added on by (Registrar's signature) and address Date

State of Idaho } ss.  
County of Lewis }

I, Annie Sakariassen, being first duly sworn, say that I am related  
(Related to (or) acquainted with)  
to Esther R. Johnson as sister  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that Annie Knutson, who attended  
(Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (ar) cannot be located)

Annie Sakariassen Signature  
Nezperce, Idaho P. O. Address  
Subscribed and sworn to before me on this 1st day of September, 1942.  
(SEAL) Henry W. Montague Notary Public, residing at "

SEP 9 1942

*James W. Caldwell*

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-121-029-213

355632

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

SEP 8 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Janesville  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years 9 months 9 days

4. FULL NAME  
OF CHILD

John Albert Halseth

6. Sex

Male

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL  
NAME

Louis E. Halseth

11. Color  
or Race

white

12. Age at time  
of THIS birth

50 yrs.

13. Birthplace

(City or town)

(State or foreign country)

Norway

14. Exact  
Occupation

Farmer

15. Industry or  
Business

5. Date of Birth of Child

(Month, day, year) Nov 21-1897

3. RESIDENCE OF FATHER (city, state)

16. FULL MAIDEN  
NAME

MOTHER OF CHILD

Mary Sater

17. Color  
or Race

white

18. Age at time  
of THIS birth

33 yrs.

19. Birthplace

(City or town)

(State or foreign country)

Norway

20. Exact  
Occupation

House wife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Idaho M. on the date Nov 21-1897  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary Halseth, who is related to this child as mother  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

Mrs Fred Bayne

Midwife

Address Idaho Date

State of Washington

County of King

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Life years, and that

Mrs Fred Bayne who attended this birth now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of

(SEAL)

Madge A. Richard

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

SEP 8 1942

by

Registrar.

SEP 9 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

283-131-212-791  
United States  
Department of Commerce  
Bureau of the Census  
SEP 9 1942  
STATE OF IDAHO  
355679  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bulte (b) City Howe  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery: at home  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bulte  
(c) City Howe  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)  
5. Date of Birth of Child  
(Month, day, year) Jan 31, 1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

4. FULL NAME OF CHILD Harry Dixon Kyle  
7. Twin or Triplet If so—born 1st, 2nd, 3rd  
6. Sex Male

FATHER OF CHILD  
10. FULL NAME Dixon Kyle  
11. Color White 12. Age at time of THIS birth 23 yrs.  
13. Birthplace Donnelly Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Emma Gravatt  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Corcoran Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE  
24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
State of Oregon }  
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that \_\_\_\_\_ (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of September 1942  
(SEAL) Donna My Commission Expires February 1, 1946  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)  
Signature Emma Kyle  
P. O. Address 220. Howe St Medford Ore  
Notary Public, Residing at Medford Oregon

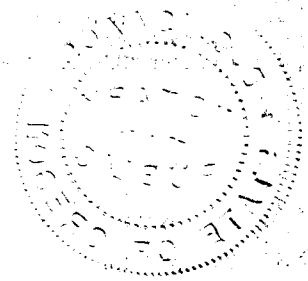
Received for filing on SEP 9 1942 by Harry Dixon Kyle Registrar.

SEP 10 1942

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-125-025-523

355795

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City Cottonwood  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
at home

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 9 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City Cottonwood  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Cottonwood Idaho

**4. FULL NAME OF CHILD** William Robert Wade Kincaid

5. Date of Birth of Child  
(Month, day, year) April 25 1899

6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Joseph Lorenso Kincaid  
11. Color white 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Lenore N. Carolina  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Martha Emmaline Estes  
17. Color white 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Collettsville N. Carolina  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.  
Midwife Address

Date

State of Idaho } ss.  
County of Idaho

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that Dr Warren Truitt who attended this birth Deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Emmaline Kincaid Signature

1203, 8th St, Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 5 day of September, 1942

(SEAL)

Felix Markun Notary Public, residing at Cottonwood  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mary E. Lester, Registrar.



SEP 12 1942

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

542-221044-366

355801

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

SEP 11 1942

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Washington (b) City Midvale  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Midvale  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 18 1/2 yrs.

4. **FULL NAME OF CHILD** Ruth Edson  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Midvale, Ida. till  
5. Date of Birth of Child (Month, day, year) Nov. 21st 1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** William Riley Edson  
11. Color or Race American 12. Age at time of THIS birth. yrs.  
13. Birthplace Mc Minnville, Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Lucinda Towell  
17. Color or Race American 18. Age at time of THIS birth. 38 yrs.  
19. Birthplace Missouri County Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Do not understand  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 8:00 P.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Ethel Hooper, who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho  
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 44 years, and that Lucinda Fletcher who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Hooper Signature  
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 9 day of September 1942  
(SEAL) J. H. Goodnight Notary Public, residing at Midvale  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mary Trepper, Registrar.

MAR 30 1948

SEP 12 1942

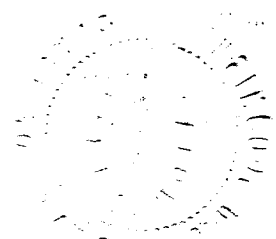
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JAN 26 1959

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



918 104 001 213

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 355847  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years 2 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 2 mo. ~~per~~

**3. RESIDENCE OF FATHER** (city, state) Boise, Idaho

**4. FULL NAME OF CHILD**

George Marion Ray

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**

Mose Ray

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Nebraska, U.S.A.

(City or town) (State or foreign country)

14. Exact Occupation saw mill worker

15. Industry or Business lumber

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Susan Bachman

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Illinois, U.S.A.

(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Oklahoma }  
County of Tulsa } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since birth years, and that Dr. Bailey, M. D. who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sulton Ray Signature

R.F.D. No. 1, Mounds, Oklahoma

P. O. Address

Subscribed and sworn to before me this 8th day of September, 19 42

My commission expires 10-28-45 (SEAL) Notary Public, residing at Bixby, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by May 5 1942, Registrar.

SEP 15 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-203036-315

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**SEP 14 1942** **CERTIFICATE OF BIRTH**  
STATE OF IDAHO

**355855**  
State File No.  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Fairview</u> (c) Street Address or R.F.D. No. <u>Gen. Del.</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>at least 15 years</u> IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Fairview</u> (d) Street Address or R.F.D. No. <u>Gen. Del.</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>at least 15 yrs.</u>	
<b>4. FULL NAME OF CHILD</b> <u>Ethel Irene McLean</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct 3rd 1897</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>—</u> <b>If so—born</b> <u>1st, 2nd, 3rd</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>James McLean</u>	<b>16. FULL MAIDEN NAME</b> <u>Elizabeth Ann Candler</u>		
<b>11. Color or Race</b> <u>White</u>	<b>17. Color or Race</b> <u>White</u>		
<b>12. Age at time of THIS birth</b> <u>Deceased</u> yrs.	<b>18. Age at time of THIS birth</b> <u>—</u> yrs.		
<b>13. Birthplace</b> <u>Scotland</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>United States</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Farmer</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> <u>"</u>	<b>21. Industry or Business</b> <u>"</u>		

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child 13 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**..... **M.D. Midwife**..... **Address**..... **Date**.....

State of Utah  
County of Weber } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older brother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 45 years, and that Neil Morgan who attended this birth is now deceased further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

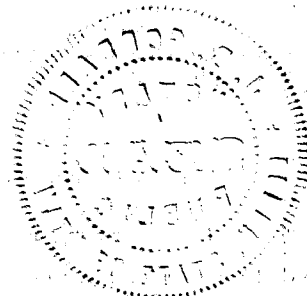
..... Signature  
879-16th Street - Ogden, Utah Address  
Subscribed and sworn to before me this 12th day of September, 1942  
(SEAL) L. B. Goddard Notary Public, residing at Ogden, Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) com. expires 7/1/47  
Received for filing on SEP 14 1942 by Mary E. Galt Registrar.

SEP 15 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-118025-234

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **355981**

Local Reg. No. ....

Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Idaho (b) City Kooskia

(c) Street Address or R.F.D. No. ....

(d) Name of Hospital or Maternity Home:  
In own private home

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Kooskia

(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 64 yrs.

**3. RESIDENCE OF FATHER** (city, state) Deceased

5. Date of Birth of Child  
(Month, day, year) 4/13/97

**4. FULL NAME OF CHILD** Stuart Campbell McLean

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Alexander C. McLean

11. Color or Race White 12. Age at time of THIS birth 37 yrs.

13. Birthplace Dont know  
(City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Cora H Stuart

17. Color or Race White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Jefferson Co. Missouri  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho }  
County of Idaho } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that

My Husband only, who attended this birth. Now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora M<sup>c</sup>Lean Signature

Kooskia, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of September, 19 42

(SEAL)

Notary Public, residing at Kooskia, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on SEP 15 1942

by Mary E. Bluff, Registrar.



SEP 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **355983**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. Liberty & 9th. St.  
(d) Name of Hospital or Maternity Home: None  
(e) Mother's stay BEFORE delivery: 2 years 1 months 24 days  
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No. Liberty & 9th.  
(e) How long has MOTHER lived in Idaho? 3 yrs.  
3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Gean (Gussie Belle) Kimball

5. Date of Birth of Child  
(Month, day, year) Sept. 24, 1897

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edward Kimball  
11. Color White 12. Age at time of THIS birth 23 yrs.  
13. Birthplace Polk County, Nebraska  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Page  
17. Color White 18. Age at time of THIS birth 27 yrs.  
19. Birthplace Near Eugene, Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 A. M. on the date Sept. 24, 1897 (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Charles E. Kimball, who is related to this child as Father (First name) (Last name)  
25. Attendant's OWN signature Charles E. Kimball (Midwife) Nancy Page, Date Grandmother.  
(Is now deceased) or (Cannot be located)

State of Idaho  
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Nancy Page, Grandmother, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles E. Kimball Signature  
Residing at Weiser, Idaho, P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942  
(SEAL) John J. Galt Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mary J. Galt, Registrar.

SEP 17 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699-210 035-493

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **356118**  
Local Reg. No. ....  
Reg. Dist. No. ....

**SEP 17 1942**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Nez Perce (b) City Fletcher  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nez Perce  
(c) City Fletcher  
(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Fletcher, Ida

**4. FULL NAME OF CHILD** Louise Ella Wright

**5. Date of Birth of Child**  
(Month, day, year) Nov. 10, 1897

**6. Sex** Female **7. Twin or** Triplet **If so—born**  
**1st, 2nd, 3rd**

**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** Harry Sylvester Wright  
**11. Color or Race** White **12. Age at time of THIS birth** 21 yrs.  
**13. Birthplace** Yamahill Oregon  
(City or town) (State or foreign country)  
**14. Exact Occupation** Steam Engineer  
**15. Industry or Business** .....

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Mattie Mabel Mills  
**17. Color or Race** White **18. Age at time of THIS birth** 19 yrs.  
**19. Birthplace** St. Pomeroy Washington  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**

**M.D.**  
**Midwife Address**

**Date**

State of Idaho  
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Dr. Noble, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Mabel Wright

Signature

P. O. Address

Subscribed and sworn to before me this 15 day of September, 1942.

(SEAL)

Philip H. Hargrave

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

**SEP 17 1942**

by

Mabel E. Eason

Registrar.

SEP 21 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154 202029154  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**SEP 21 1942** **CERTIFICATE OF BIRTH**  
STATE OF IDAHO

**357131**  
State File No.  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>TROY</u> (c) Street Address or R.F.D. No. <u>R.F.D. #2</u> (d) Name of Hospital or Maternity Home: <u>NONE</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>23</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>TROY</u> (d) Street Address or R.F.D. No. <u>R.F.D. #2</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>14</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>RUTH ELIZABETH ANDERSON</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>OCT. 2-1897</u>	
<b>6. Sex</b> <u>FEMALE</u> <b>7. Twin or Triplet</b> <input checked="" type="checkbox"/> <b>If so—born</b> <u>1st, 2nd, 3rd</u> <input checked="" type="checkbox"/>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>YES</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>LINUS L. ANDERSON</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>38</u> yrs. <b>13. Birthplace</b> <u>SWEDEN</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>FARMER</u> <b>15. Industry or Business</b> <u>FARMING</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>LOTTIE ANDERSON</u> ✓ <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>33</u> yrs. <b>19. Birthplace</b> <u>SWEDEN</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>HOUSEWIFE</u> <b>21. Industry or Business</b> <u>NONE</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>??</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Midwife

State of Washington } **AFFIDAVIT** to be completed when the attendant does not sign  
County of Clatsop } in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that unknown who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. L. Anderson Signature  
Clatsop, Wash P. O. Address  
Subscribed and sworn to before me this 14 day of September, 1942  
(SEAL) Marshall Notary Public, residing at Clatsop  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Marshall, Registrar.

SEP 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693 219 008-253

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

357161

SEP 21 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Dry Buck  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise  
(c) City Dry Buck  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Dry Buck Idaho

4. FULL NAME OF CHILD

Crystal Wilson

5. Date of Birth of Child  
(Month, day, year) July 19-1897

6. Sex Female f. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ellis Wilson  
11. Color white 12. Age at time of THIS birth 48 yrs.  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Exact Occupation mill man  
15. Industry or Business Lumber mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Beck  
17. Color white 18. Age at time of THIS birth 45 yrs.  
19. Birthplace Iowa (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington }  
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that ..... who attended this birth is not known I further state that ..... (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of August, 1942

(SEAL) Ernest S. Harg Notary Public, residing at Bremerton  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel J. Hedden, Registrar.



SEP 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

SEP 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

357179

1. PLACE OF BIRTH (All items at time of this birth)

(a) County NEZPERCE (b) City MELROSE  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN THIS county . years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County NEZPERCE  
(c) City MELROSE  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) MELROSE IDA

4. FULL NAME  
OF CHILD

LELLA MAY BERRY

5. Date of Birth of Child  
(Month, day, year) MAR 12 1897

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES THOMAS BERRY

11. Color or Race WHITE 12. Age at time of THIS birth 22 yrs.

13. Birthplace MISSOURI  
(City or town) (State or foreign country)

14. Exact Occupation FARMING

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ATHA WILLIAMS

17. Color or Race WHITE 18. Age at time of THIS birth 20 yrs.

19. Birthplace DAYTON WASHINGTON  
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGEROL

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 8 A.M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ATHA BERRY, who is  
(First name) (Last name)  
related to this child as MOTHER  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address NEZPERCE IDA Date SEPT 10 42

State of IDAHO  
County of LEWIS } ss.

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that  
DICY BERRY, who attended this birth IS NOW DECEASED. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

ATHA BERRY Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of September, 19 42

(SEAL)

Dicy W. Mitchell Notary Public, residing at Nezperce Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Mary E. Blaser, Registrar.

OCT 5 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-227007-433

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **357298**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Ketchum</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>12</u> years <u>12</u> months <u>12</u> days <b>IN THIS</b> county		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Ketchum</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>12</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Elizabeth McCann</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Ketchum, Idaho</u>	
<b>6. Sex</b> <u>Female</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Apr. 27, 1897</u>	
<b>7. Twin or Triplet</b> <u>Triplet</u>		<b>8. No. months of Pregnancy</b> <u>Nine</u>	
<b>9. Legitimate?</b> <u>Yes</u>			
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John McCann</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary McLaughlin</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>40</u> yrs.		<b>18. Age at time of THIS birth</b> <u>37</u> yrs.	
<b>13. Birthplace</b> <u>Glenravel, Co. Antrim, Ireland</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Glenravel, Co. Antrim, Ireland</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Miner</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Mining</u>		<b>21. Industry or Business</b> <u>Business</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho } ss.  
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now forty-seven years of age, that I have known this person for 45 years, and that Mrs. Carrie Newman is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate McCann McQuillan Signature  
416 So. Johnson Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of September, 1942.

(SEAL) Marie J. Holmes Notary Public, residing at Pocatello, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mary E. Baker, Registrar.

SEP 28 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 357299  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

SEP 22 1942

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Viola  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Viola  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) Viola, Ida.

**4. FULL NAME OF CHILD**

Joseph Edgar Manson

**5. Date of Birth of Child**

(Month, day, year) Sept. 9, 1897

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME George Porter Manson  
11. Color or Race white 12. Age at time of THIS birth 45 yrs.  
13. Birthplace Chatanooga, Tennessee  
(City or town) (State or foreign country)  
14. Exact Occupation coal miner  
15. Industry or Business mining

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Anna Missouri Quimby  
17. Color or Race white 18. Age at time of THIS birth 38 yrs.  
19. Birthplace Lamar County, Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.  
Midwife Address

Date

State of Washington  
County of Asotin } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 45 years, and that Mrs. Howard Knight, who attended this birth, cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Alda Bryant Signature

Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 21st day of September, 19 42

(SEAL)

[Signature] Notary Public, residing at Clarkston, Wn.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

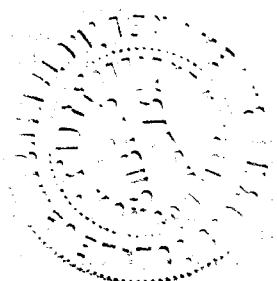
Received for filing on SEP 22 1942 by [Signature] Registrar.

SEP 28 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-102008 615

United States  
Department of Commerce  
Bureau of the Census

SEP 25 1942

(Assure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

357331

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>placerville</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>28</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BOISE</u> (c) City <u>GARDEN VALLEY</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>28</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>CLARENCE A. SOWARD</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Dec. 2. 1897</u>	
<b>6. Sex</b> <u>MALE</u> <b>7. Twin or Triplet</b> <u>Triplet</u> <b>8. If so—born 1st, 2nd, 3rd</b> <u>1st</u>		<b>8. No. months of Pregnancy</b> <u>9.</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>ALBERT E. SOWARD</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>25</u> yrs. <b>13. Birthplace</b> <u>BOONE COUNTY IOWA</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>RANCHER</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>IDA MAY FANCHIER</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>GARDEN VALLEY IDAHO</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>HOUSEWIFE</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related to this child as ..... (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Wyoming }  
 County of Platte } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt ..... of the person whose name appears in Item 4, above, that I am now 78 ..... years of age, that I have known this person for about 44 years, and that the person ..... who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M. Mertz Guardian Signature

Wheatland, Wyoming P. O. Address

Subscribed and sworn to before me this 23rd. day of September, 19 42

(SEAL)

Deardorff Notary Public, residing at Wheatland, Wyoming

Received for filing on SEP 25 1942 by Mary E. Egan Registrar.



SEP 29 1942

FEB 17 1959

FEB 18 1959

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389 201003962

United States  
Department of Commerce  
Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

357347

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Grace  
(c) Street Address or R.F.D. No. Star Route  
(d) Name of Hospital or Maternity Home:  
At home

(e) Mother's stay BEFORE delivery:  
IN THIS county 11 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock  
(c) City Grace  
(d) Street Address or R.F.D. No. Star Route  
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME

OF CHILD Florence Christensen

5. Date of Birth of Child

(Month, day, year) August 1, 1897

6. Sex female 7. Twin or Triplet none If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Cornelius Christensen  
11. Color white 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Richmond, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer - Stockman  
15. Industry or Business Farm Owner

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Emaline Robinson  
17. Color white 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Richmond, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate solution

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife\* Address

Date

State of Idaho  
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that

Mrs. Thomas Stedman, who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank C. Christensen Signature

Subscribed and sworn to before me this 23 day of September, 1942

(SEAL)

Notary Public, residing at Grace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914 Idaho Code Annotated)

Received for filing on SEP 24 1942 by Mabel E. Eber, Registrar.

SEP 29 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

914 106-001844 OCT 2 - 1942

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

357435  
State File No. 357435  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Meridian  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Meridian  
(d) Street Address or R.F.D. No. 1  
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho

4. **FULL NAME OF CHILD** Elvin Cecil Rambo  
5. Date of Birth of Child Idaho  
(Month, day, year) Nov. 6 1897  
6. Sex m 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Charles Augustus Rambo</u>	16. <b>FULL MAIDEN NAME</b> <u>Martha M. Hudson</u>	17. Color <u>white</u>	18. Age at time of THIS birth <u>22</u> yrs.
11. Birthplace <u>Clark Co., Mo.</u> (City or town) (State or foreign country)	19. Birthplace <u>Bates Co., Mo.</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Farmer</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>28</u> yrs.		22. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Dr. O.W. Hall who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha M. Cleck Signature  
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 1st day of October, 1942

(SEAL) \_\_\_\_\_ Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 - 1942 by Mary E. Eder, Registrar.

OCT 2 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code, ~~as stated~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

122-217020-819

357508

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Elmore (b) City Atlanta  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
None  
(e) Mother's stay BEFORE delivery:  
IN THIS county 1 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Atlanta  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) Atlanta

**4. FULL NAME OF CHILD** Leona May Abbott

5. Date of Birth of Child  
(Month, day, year) Oct 17-1897

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Edward Lee Abbott  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Garden Valley Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Mining  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Martha May Hart  
17. Color White 18. Age at time of THIS birth 17 yrs.  
19. Birthplace Boise Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known  
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living none

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature M.D. Midwife Address Date

State of Idaho ss.  
County of Ada

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Mary Turner, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Lee Abbott Signature  
Route 4, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 42.  
(SEAL) Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by [Signature] Registrar.

8761 I & NRC

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-131038415

357587

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Oneida (b) City Rockland  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: born at residence  
(e) Mother's stay BEFORE delivery: 8 years 8 months 8 days  
IN THIS county
2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Rockland  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 8 yrs.  
3. RESIDENCE OF FATHER (city, state) Rockland, Idaho

4. FULL NAME OF CHILD Lee Thorne  
5. Date of Birth of Child (Month, day, year) Oct. 31, 1897  
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD  
10. FULL NAME Isaac Thorne  
11. Color or Race White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Montpelier Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation teacher  
15. Industry or Business schools
- MOTHER OF CHILD  
16. FULL MAIDEN NAME Alice Mary Davis  
17. Color or Race White 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Lehi Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
25. Attendant's OWN signature (Mother, etc.) M.D. Midwife Address Date

State of Idaho } ss.  
County of Power

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that Emily Lish, who attended this birth is now deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isaac Thorne Signature  
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of September, 1942  
(SEAL) W. C. McPherson Notary Public, residing at American Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 1 1942 by W. C. McPherson Registrar.



OCT 2 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-217040-719

357618

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**OCT 2 1942** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Wardner  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Wardner  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? one yrs.

4. **FULL NAME OF CHILD** Vera Inez Gray  
6. Sex Female 7. Twin or Triplet no If so, born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Wardner Idaho  
5. Date of Birth of Child (Month, day, year) June 17, 1897  
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Charles Henry Gray  
11. Color White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation miner  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Viola Beatrice Garton  
17. Color White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Ohio  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Franklin

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mather of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that her Machette who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Beatrice Garton Signature  
Cascade Lock P. O. Address

Subscribed and sworn to before me this 1 day of October, 1942  
(SEAL) C. B. Rankin Notary Public, residing at Cascade Lock

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, MY COMMISSION EXPIRES JULY 1, 1944)

Received for filing on OCT 2 1942 by Maud E. Lefler Registrar.

OCT 5 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



297-130 009 942

357676

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**OCT 3 1942**  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bonner (b) City Neigahon  
(c) Street Address or R.F.D. No. Clark Fork  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county 5 years 6 months  days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bonner  
(c) City Near Town Clark Fork  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 58 yrs.

4. **FULL NAME OF CHILD** Ernest Martin Bipel  
7. Twin or Triplet  If so—born 1st, 2nd, 3rd   
6. Sex Male

3. **RESIDENCE OF FATHER** (city, state)  
5. Date of Birth of Child (Month, day, year) 9-30-97  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Martin N. Bipel  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Bellevue, France  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Josephine Ruch  
17. Color White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Ennsheim, France  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....  
State of Idaho County of Bonner } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears in Item 4, above, that I am now 17 years of age, that I have known this person for 45 years, and that Martin N. Bipel, who attended this birth Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26th day of September, 1942  
(SEAL) Clarence Redd Notary Public, residing at Clark Fork, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Exp. 6/17/45

Received for filing on OCT 3 1942 by Mary J. Lefler Registrar.

OCT 7 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

945-229029 235

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**OCT 7 - 1942** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **357753**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <b>Latah</b> (b) City <b>Troy</b> (c) Street Address or R.F.D. No. <b>2</b> (d) Name of Hospital or Maternity Home: <b>At home</b> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <b>1</b> years <b>6</b> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <b>Idaho</b> (b) County <b>Latah</b> (c) City <b>Troy</b> (d) Street Address or R.F.D. No. <b>2</b> (e) How long has <b>MOTHER</b> lived in Idaho? <b>1 1/2</b> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) <b>Troy, Ida</b>		<b>5. Date of Birth of Child</b> (Month, day, year) <b>APRIL 29, 1897</b>	

<b>4. FULL NAME OF CHILD</b> <b>EFFIE RUNYAN</b>		<b>6. Sex</b> <b>Female</b>		<b>7. Twin or Triplet</b>		<b>8. No. months of Pregnancy</b> <b>9</b>		<b>9. Legitimate?</b> <b>Yes</b>	
--	--	-----------------------------	--	---------------------------	--	--	--	----------------------------------	--

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <b>CHARLES RUNYAN</b> <b>11. Color or Race</b> <b>WHITE</b> <b>12. Age at time of THIS birth</b> <b>26</b> yrs. <b>13. Birthplace</b> <b>Iowa U.S.A.</b> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <b>Farmer</b> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <b>Cora Stephenson</b> <b>17. Color or Race</b> <b>White</b> <b>18. Age at time of THIS birth</b> <b>25</b> yrs. <b>19. Birthplace</b> <b>Keokuk County, Iowa</b> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <b>Housewife</b> <b>21. Industry or Business</b>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child **3** (b) Born alive and now living **3**

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of **Idaho** } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of **Latah** } ss.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **70** years of age, that I have known this person for **all her life** years, and that **Mrs P. Sullivan** (First name) (Last name), who attended this birth **is now deceased** (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Cora Runyan**  
Troy, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this **5th** day of **October**, **1942**

(SEAL)

**Notary Public**, residing at **Troy, Ida**  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **OCT 7 - 1942** by **Mary E. Eder**, Registrar.

OCT 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 110 029 274

357773

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
OCT 7 - 1942  
CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>3 mi. South</u> (c) Street Address or R.F.D. No. <u>of Volmer, now Troy, Idaho</u> (d) Name of Hospital or Maternity Home..... (e) Mother's stay BEFORE delivery: IN THIS county <u>9</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Lee Geo. Chaney</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 10 - 1897</u>	
<b>6. Sex</b> <u>Male</u>		7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd.....	
<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Geo. Wash. Chaney</u> <b>11. Color</b> <u>White</u> <b>12. Age at time of THIS birth</b> .....yrs. <b>13. Birthplace</b> <u>Flona, Ill.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> } <u>General Farming</u> <b>15. Industry or Business</b> }		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Marytha Mand Sims</u> <b>17. Color</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>Forest, Indiana</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....?			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child... <u>5</u> (b) Born alive and now living... <u>4</u>			

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
 (First name) (Last name)  
 (Mother, etc.)

25. Attendant's  
**OWN signature**.....**M.D.**.....**Address**.....**Date**.....  
 State of.....Idaho  
 County of.....Latah.....} ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....father.....of the person whose name appears in Item 4, above, that I am now.....81.....years of age, that I have known this person for.....81.....years, and that a M. D. residing at Troy, Ida., who attended this birth.....is now deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Washington Chaney Signature  
Viola, Idaho P. O. Address

Subscribed and sworn to before me this.....5.....day of.....October....., 19.....42  
 (SEAL).....Notary Public, residing at.....at Potlatch, Idaho  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) My commission expires December 10, 1943

Received for filing on.....OCT 7 - 1942.....by.....Mary J. B. Smith....., Registrar.



OCT 8 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

849-106-00-318

United States  
Department of Commerce  
Bureau of the Census

SEP 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357836

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ADA (b) City Boise  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
at Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county three years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County ADA  
(c) City Boise  
(d) Street Address or R.F.D. No. 1324 + Ridenbough  
(e) How long has MOTHER lived in Idaho? four yrs

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Charley Leonard Huling

5. Date of Birth of Child  
(Month, day, year) Jan. 6<sup>th</sup> 1897

6. Sex male 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME David Huling  
11. Color white 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Indiana  
(City or town) (State or foreign country)  
14. Exact Occupation miner  
15. Industry or Business mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Marta Belle Lay  
17. Color white 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Alabama  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
County of \_\_\_\_\_ }

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 45 years, and that all others who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew J. Huling Signature  
5127 S.E. Division St. Portland Oregon Address

Subscribed and sworn to before me this 30<sup>th</sup> day of September, 1942  
(SEAL) Wooden Beckley Notary Public, residing at Portland Ore.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Sept. 5, 1945

Received for filing on SEP 14 1942 by Marta B. Lay Registrar.

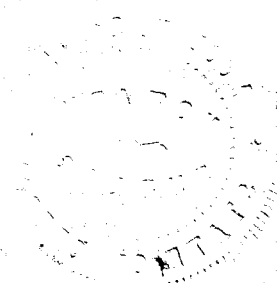
AUG 2 1973

OCT 9 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

343-210-003-769

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
OCT 12 1942  
STATE OF IDAHO

State File No. **357986**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **SANDOCK** (b) City **ROBIN**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county **1** years **11** months **20** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **IDAHO** (b) County **BANNOCK**  
(c) City **ROBIN**  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? **23** yrs.  
3. **RESIDENCE OF FATHER** (city, state) **SAME**

4. **FULL NAME OF CHILD** **SARA FRANCIS CUTLER**  
7. Twin or Triplet  
8. Sex **F** If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) **11/10/97**  
8. No. months of Pregnancy **9** 9. Legitimacy **YES**

**FATHER OF CHILD**  
10. **FULL NAME** **PARLEY LEROY CUTLER**  
11. Color or Race **WHITE** 12. Age at time of THIS birth **23** yrs.  
13. Birthplace **Brigham City UTAH**  
(City or town) (State or foreign country)  
14. Exact Occupation **LABOR**  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** **MARTHA PORRILL**  
17. Color or Race **WHITE** 18. Age at time of THIS birth **23** yrs.  
19. Birthplace **CLIFTON IDAHO**  
(City or town) (State or foreign country)  
20. Exact Occupation **HOUSE WIFE**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of **UTAH**  
County of **BOX ELDER** } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **68** years of age, that I have known this person for **44** years, and that **DANCY MARLEY** (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*Martha Cutler, Nelson* Signature

Subscribed and sworn to before me this **8th** day of **October**, 19**42**  
(SEAL) *[Signature]* Notary Public, residing at *Brigham City*  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

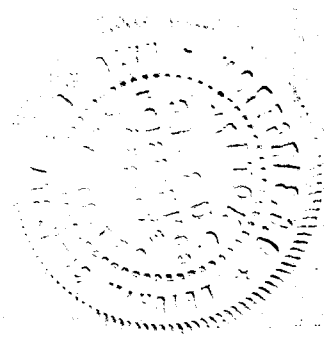
Received for filing on **OCT 12 1942** by *Marj E. Elder* Registrar.

OCT 13 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-224-028-168

357992

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

OCT 12 1942

## CERTIFICATE OF BIRTH

STATE OF IDAHO

## 1. PLACE OF BIRTH:

(a) County Kootenai (b) City Rathdrum

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:  
at home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.

In THIS county 7 years \_\_\_\_\_ month \_\_\_\_\_ days.

## 2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Kootenai(c) City Rathdrum

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 7 yrs.(f) Mother's mailing address Rathdrum, Idaho3. RESIDENCE OF FATHER (city, state): Rathdrum, Idaho4. FULL NAME OF CHILD Ethel Pearl Andrus5. Date of Birth (Month, day, year) July 24, 18976. Sex Female7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? yes

## FATHER OF CHILD

10. FULL NAME William Herbert Andrus11. Color or Race White12. Age at time of THIS birth 27 yrs.13. Birthplace Lacquiport Minnesota  
(City or town) (State or foreign country)14. Exact Occupation Farmer15. Industry or Business Farming

## MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Johnston17. Color or Race White 18. Age at time of THIS birth 19 yrs.19. Birthplace Keokuk Iowa  
(City or town) (State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2  
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

26. (a) OCT 12 1942 (Date received)  
(b) Mayone R. Bern (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

State of Washington  
County of Pend Oreille } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Fred F. Johnston, being first duly sworn, say that I am related to  
Ethel Pearl Andrus as Uncle (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Wenz, who attended  
is now deceased (Name of attendant at birth)  
said birth. and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Fred F. Johnston Signature  
Route 2, Newport, Washington P.O. Address

Subscribed and sworn to before me on this 11th day of September, 1942

(SEAL)

Mayone R. Bern  
Notary Public, residing at Newport, Wash.  
Deputy Co. Clerk

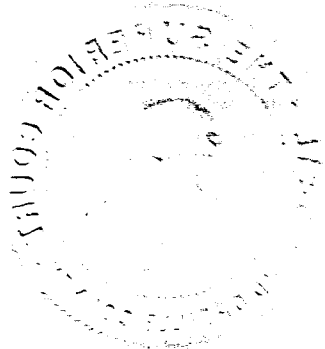
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

358018

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Jefferson (b) City Rigby  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years . months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Jefferson  
(c) City Rigby  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 55 yrs.

4. FULL NAME OF CHILD Lora Germaine Call

3. RESIDENCE OF FATHER (city, state) dead  
5. Date of Birth of Child  
(Month, day, year) Sept 12 1897

6. Sex female 7. Twin or Triplet  
If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD  
10. FULL NAME Albert Garinus Call  
11. Color w. hite 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Utah (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD  
16. FULL MAIDEN NAME Minnie Angeline Mathias  
17. Color w. hite 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Brigham City Utah (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date  
State of Idaho County of Jefferson } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 24 years, and that abg mathias, who attended this birth.....I further state that (first name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature  
.....P. O. Address  
Subscribed and sworn to before me this 12 day of October, 1942  
(SEAL) Riley Groom Notary Public, residing at Rigby Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on OCT 13 1942 by Mabel H. Hester Registrar.

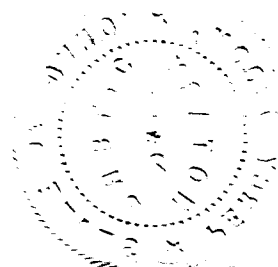


OCT 14 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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495-216-028-296

358160

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**OCT 16 1942** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Mootenai (b) City Coeur D'Alene  
(c) Street Address or R.F.D. No. NONE  
(d) Name of Hospital or Maternity Home:  
OWN HOME  
(e) Mother's stay BEFORE delivery:  
IN THIS county 8 years 6 months 2 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County Mootenai  
(c) City COEUR D'ALENE  
(d) Street Address or R.F.D. No. NONE  
(e) How long has MOTHER lived in Idaho? 15 yrs.

**4. FULL NAME OF CHILD**

Mattie Martha Pearl Minor

**5. Date of Birth of Child**

(Month, day, year) JULY-16-1899

**6. Sex** FEMALE

**7. Twin or**  
Triplet

**If so—born**  
1st, 2nd, 3rd

**8. No. months**  
**of Pregnancy** 9

**9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** FREDERICK JOSEPH MINOR  
**11. Color or Race** White **12. Age at time of THIS birth** 30 yrs.  
**13. Birthplace** COV OREGON  
(City or town) (State or foreign country)  
**14. Exact Occupation** FARMER  
**15. Industry or Business** FARMING

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** NORA ALMA BROWN  
**17. Color or Race** White **18. Age at time of THIS birth** 24 yrs.  
**19. Birthplace** AGUSTA WISCONSIN  
(City or town) (State or foreign country)  
**20. Exact Occupation** HOUSEWIFE  
**21. Industry or Business** NONE

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** NONE

**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born Alive at 4:00 -M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by NORA WEBB, who is  
related to this child as Mother  
(Mother, etc.) (First name) (Last name)

**25. Attendant's**  
**OWN signature**

**M.D.**  
**Midwife Address**

**Date**

State of CALIFORNIA  
County of LOS ANGELES } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 15 years, and that MARTHA MINOR, who attended this birth Is Now Deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires January 12, 1946

Subscribed and sworn to before me this 14 day of October, 1942

(SEAL)

Josephine E. Corbett Notary Public, residing at Los Angeles  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Calif

Received for filing on

**OCT 16 1942**

by

May 26 1942

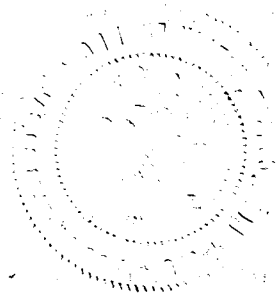
Registrar.

OCT 20 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



891-229-010-799

358166

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Coltman</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>8</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Coltman</u> (d) Street Address or R.F.D. No. <u>5</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>8</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Geneva Deseret Hiatt</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd 6. Sex <u>female</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Coltman Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>May 29, 1897</u> 8. No. months of Pregnancy 9. Legitimate? <u>yes</u>	
<b>FATHER OF CHILD</b> 10. FULL NAME <u>David H. Hiatt</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>North Carolina</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		<b>MOTHER OF CHILD</b> 16. FULL MAIDEN NAME <u>Margaret A. Pritchett</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Sarah county, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
 23. Number of children of this mother: (a) At time of birth and including this child. .... (b) Born alive and now living. ....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature: [Signature] M.D. Midwife Address Date

State of Idaho } ss.  
County of Blaine

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [Signature] of the person whose name appears in Item 25 above, that I am now 54 years of age, that I have known this person for all his life years, and that [Signature] who attended this birth [Signature] further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances B. Oram Signature  
405-1<sup>st</sup> Street, Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 15<sup>th</sup> day of October 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) [Signature] Notary Public, residing at [Address]

Received for filing on OCT 16 1942 by [Signature] Registrar.

NOV 13 1962

OCT 20 1942

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-114029-863

358188

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Troy  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No. 1  
(e) How long has MOTHER lived in Idaho? 12 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Harold Charles Kreisher

5. Date of Birth of Child  
(Month, day, year) July 14, 1927

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Zen I. Kreisher  
11. Color or Race White 12. Age at time of THIS birth 39 yrs.  
13. Birthplace Frankfort, Indiana  
(City or town) (State or foreign country)  
14. Exact Occupation Building Contractor  
15. Industry or Business Building

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Minnie Yockey  
17. Color or Race White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace XX Rindard, Illinois  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....Washington.....ss.  
County of.....King.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that the doctor who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Subscribed and sworn to before me this 14th day of October, 19 27  
(SEAL) Walter B. Brock Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1927 by Marjorie E. Johnson Registrar.

OCT 20 1942

OCT 14 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-227-204551

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**OCT 20 1942** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **358215**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Montpelier  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Montpelier  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) .....

4. **FULL NAME OF CHILD** Carrie Eliza Danks  
5. Date of Birth of Child (Month, day, year) Sept. 27-1897  
6. Sex female 7. Twin of no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Thomas Ivar Danks  
11. Color or Race white 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Mountain Ash, Wales  
(City or town) (State or foreign country)  
14. Exact Occupation Ranching  
15. Industry or Business Ranching

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Magdalena Evans  
17. Color or Race white 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Enterprise, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

State California } ss. **AFFIDAVIT** to be completed when the attendant does not sign  
County of Los Angeles in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears  
in Item 4, above, that I am now 50 years of age, that I have known this person for 45 years, and that  
Mrs. Bridges who attended this birth deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Thomas Ivar Danks Signature

7843 Sepulveda Blvd. Van Nuys Calif. P. O. Address

Subscribed and sworn to before me this 15 Th. of October, 1942

(SEAL) George S. Shaffer Notary Public—Residing 7324 Sepulveda Blvd. Van Nuys Calif.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel E. Fisher, Registrar.

**OCT 20 1942**



215-208  
OCT 20 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

352-116-201-819

359308

United States

(Be sure the information is as of date of birth of THIS child)

State File No.....

Department of Commerce

CERTIFICATE OF BIRTH

Local Reg. No.....

Bureau of the Census

OCT 21 1942

STATE OF IDAHO

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. North Locus Grove  
(d) Name of Hospital or Maternity Home:  
Born at home

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. North Locus Grove  
(e) How long has MOTHER lived in Idaho? 14 yrs.

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 0 months 0 days

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD

Ralph Everett Leslie

5. Date of Birth of Child

(Month, day, year) April 16, 1897

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward E. Leslie

11. Color White 12. Age at time of THIS birth 27 yrs.

13. Birthplace Rosendale, Missouri  
(City or town) (State or foreign country)

14. Exact Occupation Brickmaker

15. Industry or Business Brick

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Clarabelle Haines

17. Color White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Leavenworth, Kansas  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alice Leslie, who is related to this child as Mother  
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.  
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that

Dr. Mary Johnson, who attended this birth, is now deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward E. Leslie

E. 1707 Second Avenue

Signature

P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL)

Clarence E. Jones Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

OCT 21 1942

by

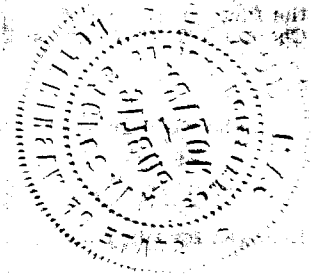
Mabel E. Jones

Registrar.

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report the birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and in the manner prescribed in Chapter 2, Title 38, Maine Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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962-115-032-619  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

359312  
State File No.  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Lyncoln</u> (b) City <u>Shoshone</u> (c) Street Address or R.F.D. No. <u>Sen. Del</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>2</u> years <u>11</u> months <u>4</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lyncoln</u> (c) City <u>Shoshone</u> <u>Sen. Del</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>5-8</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Edward, Roberts</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Deceased</u>	
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> <u>None</u> <b>If so—born 1st, 2nd, 3rd</b>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 15, 1897</u> <b>8. No. months of Pregnancy</b> <u>9. Legitimate?</u> <u>Yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Alvin Baxter Roberts</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>38</u> yrs. <b>13. Birthplace</b> <u>Oregon City Oregon</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Stone mason</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Rosa, Tamsen</u> <u>Fair child</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>27</u> yrs. <b>19. Birthplace</b> <u>Rome Iowa</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.**  
**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the \_\_\_\_\_ date and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Midwife

State of Idaho  
County of Twin Falls } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for \_\_\_\_\_ years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_, I further state that \_\_\_\_\_ (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ons Rosa H. & Lips Signature  
435 3rd Ave So TWIN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942

Notary Public, residing at TWIN FALLS, IDAHO  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 20 1942 by Mary E. [Signature], Registrar.

OCT 23 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **359408**  
Local Reg. No. ....  
Reg. Dist. No. ....

OCT 23-1942

CERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Bliss  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln  
(c) City Bliss  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Bliss Idaho

4. FULL NAME OF CHILD

Byron William Yaden

5. Date of Birth of Child

(Month, day, year) Jan. 21, 1897

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David William Yaden  
11. Color or Race White 12. Age at time of THIS birth 41 yrs.  
13. Birthplace London, Kentucky  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilie Chestnut  
17. Color or Race White 18. Age at time of THIS birth 38 yrs.  
19. Birthplace London, Kentucky  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington }  
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 45 years, and that Mrs. Ben Mullins (Midwife), who attended this birth, is now Deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Hilie Chestnut Yaden Signature  
408 N. 1st St. Yakima, Washington P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942

(SEAL)

A. Barrows

Notary Public, residing at Yakima Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

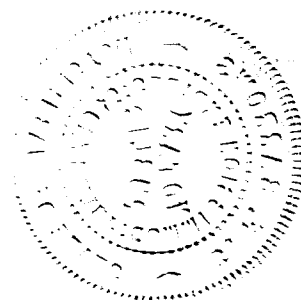
Received for filing on OCT 23 1942 by Mary E. Fisher, Registrar.

SEP 12 1947

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **359464**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **Canyon** (b) City **Nampa**  
(c) Street Address or R.F.D. No. **West of Nampa**  
(d) Name of Hospital or Maternity Home: **farm home**  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Canyon**  
(c) City **Nampa**  
(d) Street Address or R.F.D. No. **R.F.D. No.**  
(e) How long has MOTHER lived in Idaho? **34** yrs.

**3. RESIDENCE OF FATHER** (city, state) **Nampa Ida.**

5. Date of Birth of Child **June 12 1897**  
(Month, day, year)

**4. FULL NAME OF CHILD** **Olga Vivian Ruse**

6. Sex **female** 7. Twin or Triplet **Triplet** If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

**FATHER OF CHILD**

10. FULL NAME **Francis Marion Ruse**  
11. Color **white** 12. Age at time of THIS birth **43** yrs.  
13. Birthplace **Lynchburg Ohio**  
(City or town) (State or foreign country)  
14. Exact Occupation **blacksmith**  
15. Industry or Business **own business**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **Ida Louise Dryden**  
17. Color **white** 18. Age at time of THIS birth **34** yrs.  
19. Birthplace **Lynn Co. Lynneus Missouri**  
(City or town) (State or foreign country)  
20. Exact Occupation **housewife**  
21. Industry or Business **own home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child **9** (b) Born alive and now living **9**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **Idaho** M.D. Midwife Address Date  
**Canyon**

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **cousin** of the person whose name appears in Item 4 above, that I am now **63** years of age, that I have known this person for **45** years, and that **Dr. Frederick S. Kohler** is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **29** day of **October**, 19**42**  
(SEAL) **Paul E. Hunt** Notary Public, residing at **Nampa Idaho**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **OCT 30 1942** by **Mary E. Eder**, Registrar.



OUT 3.0 1941

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-113-016-819

United States  
Department of Commerce  
Bureau of the Census

OCT 26 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **359487**  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Cassia (b) City Marion  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 2 years  months  days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Marion  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marion, Id.

4. **FULL NAME OF CHILD** Lester Ray Garrard  
5. Date of Birth of Child  
(Month, day, year) May 13, 1897

6. Sex M. 7. Twin or Triplet XXX If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy Reg. 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Benona Garrard  
11. Color Wh. 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Ogden, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Olive Amelia Harrison  
17. Color White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Alabama  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.) Mrs. Clark, now deceased (First name) (Last name)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Midwife \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Cassia

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mrs. Clark (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Amelia Harrard Garrard Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of October, 1942

(SEAL)

Amey J. Fisher Notary Public, residing at Burley, Idaho

Received for filing on OCT 26 1942 by Marl E. Fisher Registrar.

SEP 14 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2415-207.236-263

United States (Be sure the information is as of date of birth of THIS child) State File No. **359555**  
Department of Commerce OCT 27 1942 **CERTIFICATE OF BIRTH** Local Reg. No. \_\_\_\_\_  
Bureau of the Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad City</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad City</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>44</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>E. Stella Daniels</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 7, 1897</u>	
<b>6. Sex</b> <u>Female</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____		<b>9. Legitimate?</b> _____	
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>George Daniels</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary Mae Bolingbroke</u>	
<b>11. Color or Race</b> <u>Caucasian</u>		<b>17. Color or Race</b> <u>Caucasian</u>	
<b>12. Age at time of THIS birth</b> <u>22</u> yrs.		<b>18. Age at time of THIS birth</b> <u>21</u> yrs.	
<b>13. Birthplace</b> <u>Malad City</u> (City or town) <u>Idaho</u> (State or foreign country)		<b>19. Birthplace</b> <u>Malad City</u> (City or town) <u>Idaho</u> (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Farmer's wife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1st</u> (b) Born alive and now living _____			
<b>ATTENDANT'S CERTIFICATE</b>			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>born</u> at <u>8:4</u> A.M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as <u>Father</u> (First name) _____ (Last name) _____ (Mother, etc.)			
<b>25. Attendant's OWN signature</b> _____		<b>M.D. Address Date</b> _____	
State of <u>Idaho</u> } ss.		<b>AFFIDAVIT</b> to be completed when the attendant does not sign in Item 25.	
County of <u>Oneida</u> }			
I, the undersigned, being first duly sworn, say that I am the <u>Father</u> of the person whose name appears in Item 4, above, that I am now <u>67</u> years of age, that I have known this person for <u>47½</u> years, and that <u>Mrs. Mary Bolingbroke, a widow</u> , who attended this birth <u>is now deceased</u> I further state that (First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located)			
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter-139, 1937 Session Laws.			
Subscribed and sworn to before me this <u>26</u> day of <u>October</u> , 19 <u>42</u>		Signature <u>George Daniels</u> P. O. Address <u>Malad City Idaho</u>	
(SEAL) <u>Edward Woolley</u>		Notary Public, residing at <u>Malad Idaho</u>	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			
Received for filing on <u>OCT 27 1942</u>		by <u>Mary Bolingbroke</u> , Registrar.	

OCT 30 1942

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### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

OCT 30 1942

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.  
Local Reg. No.  
Reg. Dist. No.

359644

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee, Ida.</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home residence</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>11</u> years <u>2</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho? <u>11 yrs.</u> <u>2 mos.</u>	
<b>4. FULL NAME OF CHILD</b> <u>Martha Emma Lorang</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 16, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John Lorang</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary Anna Gesellchen</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>39</u> yrs.		<b>18. Age at time of THIS birth</b> <u>36</u> yrs.	
<b>13. Birthplace</b> <u>Johnsburg, Wisconsin, U.S.A.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Mt. Calvary, Wisconsin, U.S.A.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>10</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Midwife** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that Anna Marie Lorang, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Smolt Signature  
Walnut Street, Genesee, Idaho P. O. Address  
Subscribed and sworn to before me this 27th day of October, 1942  
(SEAL) Notary Public, residing at Genesee, Ida.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-91a, Idaho Code Annotated.)  
Received for filing on OCT 30 1942 by Mary E. E. E. Registrar.

NOV 4 1942

FEB 21 1951

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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986-125 001 419

359726

359726

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Confinement at Home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>one</u> years <u>one</u> months <u>one</u> days IN THIS county		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>One</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Elonzo Newton Rhodes</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>March, 25, 1997</u>	
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> <u>Triplet</u> <b>8. No. months of Pregnancy</b> <u>7</u>		<b>9. Legitimate?</b> <u>yes</u>	

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>George Washington Rhodes</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>White Oak, Missouri</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Barber</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Dora Ellen Marshall</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>29</u> yrs. <b>19. Birthplace</b> <u>Colorado Springs, Colorado</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Midwife Address** ..... **Date** .....

State of IDAHO } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of ADA }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 45 years, and that MIDWIFE (don't remember name) who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Joseph Josephson Signature  
1227 Michigan St., Boise, Idaho. P. O. Address  
 Subscribed and sworn to before me this 18th day of November, 1997  
 (SEAL) [Signature] Notary Public, residing at Boise, Idaho.  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
 Received for filing on Nov 19 - 1997 by Mabel Fielder Registrar.



NOV 19 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **359760**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston  
(c) Street Address or R.F.D. No. 10 St. & 7 Ave.  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nez Perce  
(c) City Lewiston  
(d) Street Address or R.F.D. No. 10 St. & 7 Ave.  
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state Lewiston, Ida)

**4. FULL NAME OF CHILD** JOSEPH WILLIAM HADLEY

**5. Date of Birth of Child**  
(Month, day, year) Mar. 11, 1897

**6. Sex** Male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd

**8. No. months of Pregnancy** 7½ **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** Chauncy William Hadley  
**11. Color or Race** White **12. Age at time of THIS birth** 45 yrs.  
**13. Birthplace** Grand Rapids Michigan  
(City or town) (State or foreign country)  
**14. Exact Occupation** Policeman  
**15. Industry or Business** Peace Officer

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Amanda Jane Goble  
**17. Color or Race** White **18. Age at time of THIS birth** 34 yrs.  
**19. Birthplace** Marshall Co., Kansas  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** Own Home

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Midwife Address** ..... **Date** .....

State of California  
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 45 years, and that Dr. Morris, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Amanda Jane Hadley Signature  
10418 Moorpark, No. Hollywood, Calif. P. O. Address

Subscribed and sworn to before me this 29 day of October, 1942  
(SEAL) Harry A. Lites My Commission Expires Nov. 16, 1942  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at North Hollywood, Calif.

Received for filing on NOV 2 1942 by Marj G. Lites, Registrar.

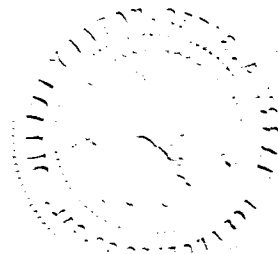
NOV 6

1945

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-227-220-255

359837

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
**NOV 2 1944**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>E. Inmo</u> (b) City <u>Pine Grove</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>at own home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>7</u> years <u>7</u> months <u>7</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>E. Inmo</u> (c) City <u>Pine Grove</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>10</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Kellie Bly Sloan</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Sept. 27, 1927</u>	
<b>6. Sex</b> <u>female</u> <b>7. Twin or Triplet</b> <u>Triplet</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Pine Grove Idaho</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Oliver Sloan</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>45</u> yrs. <b>13. Birthplace</b> <u>Clinton Co. Iowa</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Miner</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Cynthia Anna Benton</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>Near Little Rock Arkansas</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife</u> <b>21. Industry or Business</b>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** Unknown  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of California  
County of Sacramento } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 45 years, and that Dr. Newhirk who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara W. Sloan Signature  
4201-12th ave Sacramento Calif. P. O. Address

Subscribed and sworn to before me this 31 day of October, 1944  
(SEAL) Arthur J. Kelly Notary Public, residing at Sacramento  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

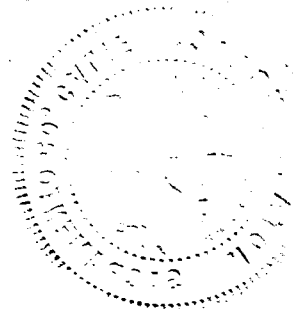
Received for filing on ..... by Mary E. Blaker Registrar.

NOV 9 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

431-206 023-415

United States  
Department of Commerce  
Bureau of the Census

OCT 26 1942

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

359949

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gem (b) City Emmett  
(c) Street Address or R.F.D. No. Toward Boise  
(d) Name of Hospital or Maternity Home:  
At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 3 years prox months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gem  
(c) City Emmett  
(d) Street Address or R.F.D. No. 3 1/2 miles out.  
(e) How long has MOTHER lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state) Three

4. FULL NAME OF CHILD Nettie Berthena Mc Adams.

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD  
10. FULL NAME Anderson Lee Mc Adams

11. Color or Race White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Texas (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

5. Date of Birth of Child (Month, day, year) April 6, 1897

8. No. months of Pregnancy Yes 9. Legitimate? Yes

MOTHER OF CHILD (DAVIS)  
16. FULL MAIDEN NAME Laura Bell Mc Adams

17. Color or Race White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Tennessee (City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 8 P.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Eula Ann Mc Donald, who is related to this child as Sister (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address Myrtle Point, Ore. Date 10/20/42

State of Oregon  
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 45 years, and that I am unable to remember (First name) (Last name) who attended this birth and who is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eula Mc Donald Signature

P.O. Box 146, Myrtle Point, Oregon. P. O. Address

Subscribed and sworn to before me this 20th. day of October 1942.

(SEAL)

Notary Public, residing at Myrtle Point, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires 1945)

Received for filing on OCT 26 1942 by Mary E. Eddins Registrar

NOV 12 1942

NOV 18 1942

SEP 19 1950

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

360010

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH:**

(a) County San Juan (b) City Shoup  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home ..... days.  
In THIS county 8 years ..... months ..... days.

## 2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State: Idaho (b) County: Blaine  
(c) City: Shoup  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 8 yrs  
(f) **MOTHER's** mailing address: Shoup

3. RESIDENCE OF FATHER (city, state) Shaw.

5. Date of Birth (Month, day, year) July-25-1897

4. FULL NAME OF CHILD..... Leona Alberta Morrill

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Charles Joseph C. Merrill  
11. Color or Race White 12. Age at time of THIS birth 57 yrs.  
13. Birthplace Arkansas  
(City or town) (State or foreign country)  
14. Exact Occupation Book  
15. Industry or Business Mines & Ranches

## MOTHER OF CHILD

16. FULL MAIDEN NAME..... *Priscilla Lee Benson.*  
17. Color or Race..... *White* 18. Age at time of THIS birth..... *40* years  
19. Birthplace..... *Terre Haute, Indiana*  
(City or town) (State or foreign country)  
20. Exact Occupation..... *Housewife.*  
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child...10... (b) Born alive and now living...6...  
(c) Born alive and now dead...4..... (d) Stillborn...2.....

24. I HEREBY CERTIFY that I attended the birth of this child, who was.....at.....M. on the date.....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

26. (a) \_\_\_\_\_ (Date received)  
(b) \_\_\_\_\_ (Registrar's signature)

25. Attendant's  
OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_

27. Given name added on ..... by .....  
(Registrar's signature)

State of Idaho }  
County of Lamhi } SS.

**AFFIDAVIT** To be completed when the attendant at birth is  
**NOT LIVING** or **CANNOT BE LOCATED.**

I, Elsie Monell Washington, being first duly sworn, say that I am related to  
Elsie Monell as Sister (Related to (or) associated with)  
(Name of person on certificate) \_\_\_\_\_, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Joe Allen, who attended said birth is now deceased, and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)

Elsie Murrell Waddington  
Salisbury, Idaho

Subscribed and sworn to before me on this.....18th day of.....September

(SEAL)

W. W. Brown, Notary Public, residing at Salmon Falls,  
Clark Co. Ind.

Use only BLACK Ink or BLACK Pencil, and enclose when completing this certificate. Mail COMPLETED certificate to the Director, Bureau of Vital Statistics, Boston, Massachusetts, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.



OCT 28 1959

JUN 10 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712-109 004-366

360093

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County BEAR LAKE (b) City LANARK  
(c) Street Address or R.F.D. No. FARM  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BEAR LAKE  
(c) City LANARK  
(d) Street Address or R.F.D. No. FARM  
(e) How long has MOTHER lived in Idaho? yrs.

## 3. RESIDENCE OF FATHER (city, state)

## 4. FULL NAME OF CHILD

JAMES PASSEY

## 5. Date of Birth of Child

(Month, day, year) FEB. 9<sup>th</sup> 1897

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

## FATHER OF CHILD

10. FULL NAME WILLIAM THEOBALD PASSEY11. Color or Race WHITE 12. Age at time of THIS birth 35 yrs.13. Birthplace SALT LAKE CITY, UTAH  
(City or town) (State or foreign country)14. Exact Occupation FARMER15. Industry or Business FARMING

## MOTHER OF CHILD

16. FULL MAIDEN NAME LYDIA ANN TOOMER17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.19. Birthplace MORGAN UTAH  
(City or town) (State or foreign country)20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature

M.D. Address

Date

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that not known who attended this birth. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Ann Passey Signature  
Margaret Alberta

P. O. Address

Subscribed and sworn to before me this 30<sup>th</sup> day of October, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Margaret Alberta  
Canada

Received for filing on NOV 12 1942 by Margaret Alberta, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763-213-036-799

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **360188**

Local Reg. No. ....

Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Samaria  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Samaria  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child  
(Month, day, year) 13 Aug. 1897

**4. FULL NAME OF CHILD** Mary Potter

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

**FATHER OF CHILD**

10. **FULL NAME** A. Selbert Leroy Potter  
11. Color or Race White 12. Age at time of THIS birth 30 yrs. 4 mon  
13. Birthplace Brigham Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Margaret Ann Price  
17. Color or Race White 18. Age at time of THIS birth 25 yrs. 7 mon  
19. Birthplace Samaria Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living. ....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.  
Midwife Address

Deceased Date

State of Idaho }  
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 70 years of age, that I have known this person for ..... years, and that  
Maria Morse, who attended this birth. Deceased  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ann Price Potter Byington Signature  
434 N. W. Logan Utah P. O. Address

Subscribed and sworn to before me this 20 day of October, 1942

(SEAL) My Comm. exp. 1 Apr. 6, 1943 Notary Public, residing at Boise, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mary E. Peters, Registrar.

NOV 19 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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551-210037993

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

360249  
State File No. **360249**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Quincy (b) City Cattle Creek  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Quincy  
(c) City "At Home", Cattle Creek, P.O.  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD**

Marag Jane (Maria) Evans

**5. Date of Birth of Child**

(Month, day, year) 10-10-1897

6. Sex Female

7. Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**

Wm. Dilworth Evans

11. Color  
or Race White

12. Age at time  
of THIS birth 35 yrs.

13. Birthplace

San Bernardino California  
(City or town) (State or foreign country)

14. Exact  
Occupation Farmer - stockman

15. Industry or  
Business Sheep - cattle - horses

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lillian Louisa Riley

17. Color  
or Race White

18. Age at time  
of THIS birth 26 yrs.

19. Birthplace

David's Island New York  
(City or town) (State or foreign country)

20. Exact  
Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.

Midwife Address

Date

State of Idaho  
County of B. Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that

Harriet Nice, who attended this birth is deceased. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Mrs. (W.D.) Lillian Louisa Riley Evans Signature

P. O. Address

Subscribed and sworn to before me this 18 day of November, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
John W. Adams Notary Public, residing at Nampa Idaho

Received for filing on NOV 20 1942 by Mary E. Edgar, Registrar.

NOV 20 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

738-223025 863

360299

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

SEP 25 1942

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Idaho (b) City Keuterville  
(c) Street Address or R.F.D.No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

4. FULL NAME

OF CHILD Meta Schroeder

6. Sex Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL  
NAME

August Schroeder

11. Color White 12. Age at time  
or Race \_\_\_\_\_ of THIS birth. \_\_\_\_\_ yrs.

13. Birthplace New Holstein, Wisconsin  
(City or town) (State or foreign country)

14. Exact  
Occupation Stockman

15. Industry or  
Business

MOTHER OF CHILD

16. FULL MAIDEN  
NAME

Mathilda Holdenreid

17. Color White 18. Age at time  
or Race \_\_\_\_\_ of THIS birth. 27 yrs

19. Birthplace New Holstein, Wisconsin  
(City or town) (State or foreign country)

20. Exact  
Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8  
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date  
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is  
related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) \_\_\_\_\_ (Date received) \_\_\_\_\_ (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's  
OWN signature \_\_\_\_\_ M.D.

and address \_\_\_\_\_ (D.O., Midwife, etc.)  
Date \_\_\_\_\_

State of Washington } ss.  
County of Chelan

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED.

I, Mathilda Schroeder, being first duly sworn, say that I am related to  
Meta Schroeder as mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_, who attended

said birth \_\_\_\_\_ (Name of attendant at birth)  
and that this birth has not been previously recorded  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of August, 1942.  
(SEAL) Franklin Penatchuck Notary Public, residing at Kenatche, Wash

SEP 25 1942



DEC 7 1962

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

618-217-025-713  
United States (Be sure the information is as of date of birth of THIS child)  
Department of Commerce  
Bureau of the Census  
CERTIFICATE OF BIRTH  
STATE OF IDAHO  
360439 360439  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Idaho (b) City Arangerville  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Arangerville  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Arangerville, Ida.

4. FULL NAME OF CHILD Elsie Christina Waymire  
7. Twin or Triplet If so—born 1st, 2nd, 3rd  
6. Sex F  
5. Date of Birth of Child (Month, day, year) Jan. 12, 1897  
8. No. months of Pregnancy  
9. Legitimate?

FATHER OF CHILD  
10. FULL NAME Jahn Andrew Waymire  
11. Color White 12. Age at time of THIS birth 50 yrs.  
13. Birthplace Dallas, Oregon (City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business Dairy Farming

MOTHER OF CHILD  
16. FULL MAIDEN NAME Jannie Christina Palmehn  
17. Color W. 18. Age at time of THIS birth III yrs.  
19. Birthplace Minnesota (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE  
24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that Maggie Rice (First name) (Last name), who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie Rice Signature  
Subscribed and sworn to before me this 15th day of November, 1941  
(SEAL) Libby O. Rudisill Notary Public, residing at Star Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Dec. 5-1942 by John B. Baker, Registrar.

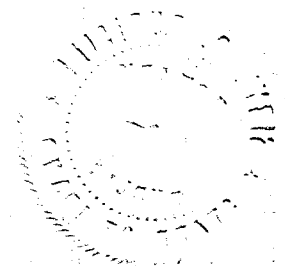
DEC 5 1942

DEC 14 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **361488**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Kingston</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>born in Residence</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county years <u>5</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State ..... (b) County ..... (c) City ..... (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? ..... yrs.
<b>3. RESIDENCE OF FATHER</b> (city, state) .....		

<b>4. FULL NAME OF CHILD</b> <u>Pearl Nora Cowles</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>1-10-1897</u>	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> .....	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Andrew Eathen Cowles</u>	<b>11. Color or Race</b> <u>white</u>	<b>16. FULL MAIDEN NAME</b> <u>Amanda Reed</u>	<b>17. Color or Race</b> <u>white</u>
<b>12. Age at time of THIS birth</b> <u>29</u> yrs.	<b>13. Birthplace</b> <u>Westfield, Mass</u> (City or town) (State or foreign country)	<b>18. Age at time of THIS birth</b> <u>21</u> yrs.	<b>19. Birthplace</b> <u>Linville, Idaho</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Teacher</u>	<b>15. Industry or Business</b> .....	<b>20. Exact Occupation</b> <u>Housewife</u>	<b>21. Industry or Business</b> .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** ..... M.D. Address Date

State of Idaho County of Shoshone } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Mrs Daily who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Eathen Cowles Signature

Subscribed and sworn to before me this 19 day of November, 1942

(SEAL) L. M. Douglas Notary Public, residing Idaho (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, May 22, 1937)

Received for filing on NOV 24 1942 by Mary Fielder Registrar.

NOV 27 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-106. 012-714

361545

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**NOV 20 1942** **CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Butte</u> (b) City <u>Moore</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>1</u> years <u>1</u> months <u>1</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Butte</u> (c) City <u>Moore</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>William Edwin MacGuire</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 6, 1897</u>	
<b>6. Sex</b> <u>Male</u>		<b>7. Twin or Triplet</b> <u>1st</u> If so—born 1st, 2nd, 3rd	
<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>Yes</u>	
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Moore, Idaho</u>			
<b>10. FULL NAME</b> <u>Elmer Emerson MacGuire</u>		<b>16. FULL MAIDEN NAME</b> <u>Lula Maude Gamett</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>28</u> yrs.		<b>18. Age at time of THIS birth</b> <u>17</u> yrs.	
<b>13. Birthplace</b> <u>Utah</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Utah</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Blacksmith</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
 23. Number of children of this mother: (a) At time of birth and including this child... 1 (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by....., who is  
 related to this child as..... (First name) (Last name)  
 (Mother, etc.)

25. Attendant's  
**OWN signature** Edna M. Brown **M.D.** **Midwife** **Address** **Date**

State of Idaho } ss.  
 County of Sanwaak

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears  
 in Item 4, above, that I am now 60 years of age, that I have known this person for 45 years, and that  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 who attended this birth..... I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of November, 1942  
 (SEAL) Edward G. Houde Notary Public, residing at Butte Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary E. Elder Registrar.

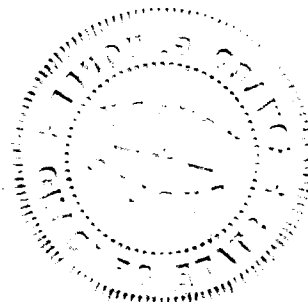
7 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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W. E. MAC GUIRE  
1152 S 6TH ST.  
LOUISVILLE, KY.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 361574  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Pegram  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 10 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Pegram  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Nolan James Nelson  
5. Date of Birth of Child July 8-1897  
(Month, day, year)  
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**  
10. **FULL NAME** Bryan Stallen Nelson  
11. Color or Race White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace St. Paul, Minnesota  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business
- MOTHER OF CHILD**  
16. **FULL NAME** Polly Jane Tubbs  
17. Color or Race White 18. Age at time of THIS birth 37 yrs.  
19. Birthplace Hamington, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_  
Midwife Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho  
County of Oneida } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mrs. Caldwell, who attended this birth, Rescued I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Polly Jane Tubbs Nelson Signature  
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of Nov 1942

(SEAL)

Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F. Edin Registrar

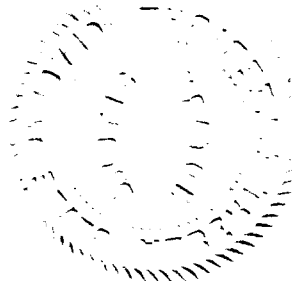


DEC 1 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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256-104-029-385

361615

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>near Pocatello</u> (c) Street Address or R.F.D. No. <u>in Country</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Pocatello Ida.</u> (d) Street Address or R.F.D. No. <u>in Country R.F.D.</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>60</u> yrs.	
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<b>4. FULL NAME OF CHILD</b> <u>Fred Jessie Knox</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov 4, 1897</u>	
<b>6. Sex</b> <u>male</u>		<b>8. No. months of Pregnancy</b> _____	
<b>9. Legitimate?</b> <u>yes</u>			

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Jesse Monroe Knox</u>		<b>16. FULL MAIDEN NAME</b> <u>Effie Louisa Loynd</u>	
<b>11. Color or Race</b> <u>white</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>31</u> yrs.		<b>18. Age at time of THIS birth</b> <u>26</u> yrs.	
<b>13. Birthplace</b> <u>Kansas City, Mo.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Washington Co. Kansas</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** \_\_\_\_\_

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Midwife** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Idaho } ss.  
County of Latah

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Dr. Whitaker, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\_\_\_\_\_  
Signature P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 24th day of November \_\_\_\_\_

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel E. Eddins Registrar.

DEC 1 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-226-006319

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **361669**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Idaho Falls  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 13 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Idaho Falls  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 58 yrs.  
**3. RESIDENCE OF FATHER** (city, state) Idaho Falls, I.

**4. FULL NAME OF CHILD** Mary Elva Marker  
**6. Sex** Female **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

**5. Date of Birth of Child**  
(Month, day, year) Aug. 26, 1897  
**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**  
**10. FULL NAME** Alma Marker  
**11. Color or Race** White **12. Age at time of THIS birth** 38 yrs.  
**13. Birthplace** Spanish Fork, Utah  
(City or town) (State or foreign country)  
**14. Exact Occupation** Retail Merchant  
**15. Industry or Business** Music and Stationery

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** Elizabeth Larsen  
**17. Color or Race** White **18. Age at time of THIS birth** 35 yrs.  
**19. Birthplace** Maroni, Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's** **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Idaho }  
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that Libby Bybee, who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**My Commission Expires** June 26th, 1943 Elizabeth Marker Signature  
430 Cliff St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of November, 1942  
(SEAL) Mary Ann Chan Notary Public, residing at Idaho Falls, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mary Ann Chan Registrar.

DEC 1 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-129-004-258

361696

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

NOV 27 1942

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Montpelier  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay **BEFORE** delivery;  
**IN THIS county** 5 years 7 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Montpelier  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Alfred Noregaard

5. Date of Birth of Child  
(Month, day, year) 8/29/1897

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Jens Noregaard  
11. Color white 12. Age at time of THIS birth 53 yrs.  
13. Birthplace Jutland, Denmark  
(City or town) (State or foreign country)  
14. Exact Occupation Harness and shoe maker  
15. Industry or Business same

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Henriette Christine Behrmann  
17. Color white 18. Age at time of THIS birth 36 yrs.  
19. Birthplace Copenhagen, Denmark  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN signature** Oregon **M.D.** Baker **Address** **Date**

State of Oregon County of Baker } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... mother ..... of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 45 years, and that Mrs. Hansen, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henriette Noregaard Signature  
330 Resort St., Baker, Oregon P. O. Address

Subscribed and sworn to before me this 21st day of November, 1942  
(SEAL) Notary Public, residing at Baker, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) com. exp. 10/10/44

Received for filing on NOV 30 1942 by Myrtle E. Eber, Registrar.

DEC 14 1942

MAY 21 1976

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 361705  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County..... (b) City **BEAVER**  
(c) Street Address or R.F.D. No. **None**  
(d) Name of Hospital or Maternity Home:  
**Born in private residence**  
(e) Mother's stay BEFORE delivery:  
IN THIS county years **2** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... **IDAHO** (b) County.....  
(c) City **BLACKFOOT**  
(d) Street Address or R.F.D. No. **None**  
(e) How long has MOTHER lived in Idaho? **11** yrs.

3. RESIDENCE OF FATHER (city, state) **Blackfoot, Ida**

5. Date of Birth of Child  
(Month, day, year) **June 26, 1897**

4. FULL NAME OF CHILD **ETHEL LENA SAGERS**

6. Sex **FEMALE** 7. Twin or **None** If so—born **—** 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Henry Little Sagers**  
11. Color **White-Cauc.** 12. Age at time of THIS birth **27** yrs.  
13. Birthplace.....  
(City or town) (State or foreign country)  
14. Exact Occupation **Sawmill worker**  
15. Industry or Business **Sawmill**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mary Agnes Lawson**  
17. Color **White-Cauc.** 18. Age at time of THIS birth **16** yrs.  
19. Birthplace **Nordan, Utah**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business **at Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**  
23. Number of children of this mother: (a) At time of birth and including this child **None** (b) Born alive and now living **None**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **9.20** A.M. on the date **June 26, 1898**  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by **Mary Agnes Lawson Sagers**, who is related to this child as **Mother**  
(First name) (Last name)

25. Attendant's OWN signature **Mary Agnes Lawson** Midwife Address **1608 Orange Ave. Long Beach Calif.** Date **6-26-1898**

State of **California** ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **27** years of age, that I have known this person for **27** years, and that **Mary Agnes Lawson**, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **26** day of **June**, 19 **1898**  
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **NOV 30 1942** by **Mabel E. Fisher**, Registrar.



DEC 3 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-124.035-569

United States  
Department of Commerce  
Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

361721

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County NEZ PERCE (b) City LEWISTON  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mother's stay BEFORE delivery:  
IN THIS county 3 years 4 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State IDAHO (b) County NEZ PERCE  
(c) City LEWISTON  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
3. RESIDENCE OF FATHER (city, state) LEWISTON IDAHO

4. FULL NAME OF CHILD NORMAN KELLY BENNETT

5. Date of Birth of Child  
(Month, day, year) FEB 24, 1897

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES MARSH BENNETT  
11. Color WHITE 12. Age at time of THIS birth 60 yrs.  
13. Birthplace PENNSYLVANIA  
(City or town) (State or foreign country)  
14. Exact Occupation BUILDING CONTRACTOR  
15. Industry or Business GRIST MILL PLANING MILL

MOTHER OF CHILD

16. FULL MAIDEN NAME CHRISTINE CAROLINE NORMAN  
17. Color WHITE 18. Age at time of THIS birth 40 yrs.  
19. Birthplace ST CHARLES ILLINOIS  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSE WIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 45 years, and that....., who attended this birth..... I further state that.....  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest F Goodell Signature

110 Main Ave. Montevia, California P. O. Address

Subscribed and sworn to before me this 29th day of October 1942  
(SEAL) Mary Thomas Notary Public, residing at Mountain City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mabel J. Fisher Registrar.

DEC 3 1942

#### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

361772

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County BANNOCK (b) City GRACE  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
HOMER OF PARENTS  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 6 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County BANNOCK  
(c) City GRACE  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 6 yrs.

**3. RESIDENCE OF FATHER** (city, state) GRACE, IDAHO

5. Date of Birth of Child  
(Month, day, year) OCT. 22, 1897

**4. FULL NAME OF CHILD** RALPH WALDO MONTAGUE

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. FULL NAME EDWARD EPHRAIM MONTAGUE  
11. Color WHITE 12. Age at time of THIS birth 30 yrs.  
13. Birthplace PRYSON, UTAH  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME ESTHER MARRIOTT  
17. Color WHITE 18. Age at time of THIS birth 27 yrs.  
19. Birthplace KEESER, UTAH  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of California County of Santa Mateo } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for LIFE years, and that MARRIET STEPMAN who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19 day of November, 1942.  
(SEAL) Thirion Notary Public, residing at San Mateo, California  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Marj Beeler Registrar.

DEC 4 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-101-029-319

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **361778**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Troy  
(c) Street Address or R.F.D. No. 4  
(d) Name of Hospital or Maternity Home:  
At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 8 years 6 months  days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No. 4  
(e) How long has MOTHER lived in Idaho? 8 1/2 yrs.

4. **FULL NAME OF CHILD** ELMER JULIUS JOHNSON

5. Date of Birth of Child  
(Month, day, year) OCT. 1st 1897

6. Sex Male 7. Twin or Triplet  If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9Mo 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** LAWRENCE JOHNSON  
11. Color WHITE 12. Age at time of THIS birth 38 yrs.  
13. Birthplace SWEDEN  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** MAROLINA LARSON  
17. Color White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace SWEDEN  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)

25. Attendant's  
OWN signature M.D. Midwife Address Date

State of IDAHO  
County of LATAH } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all his life years, and that Mrs Maria Larson, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Thilda Larson Signature  
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of November, 1942

(SEAL)

Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Marl E. Eifer, Registrar.

DEC 4 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-121006-236

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

361893  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bingham (b) City Right  
(c) Street Address or R.F.D. No. R. F. D. # 2  
(d) Name of Hospital or Maternity Home: In own home  
(e) Mother's stay **BEFORE** delivery: 5 years 2 months 29 days  
IN THIS county

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bingham  
(c) City Right  
(d) Street Address or R.F.D. No. R. F. D. # 2  
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Right Idaho

**4. FULL NAME OF CHILD** Franklin Oliver Barnes

**5. Date of Birth of Child** (Month, day, year) Sept. 21-1897

**6. Sex** Male **7. Twin or Triplet** 1st, 2nd, 3rd

**8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** Robert Barnes  
**11. Color or Race** White **12. Age at time of THIS birth** 39 yrs.  
**13. Birthplace** Monmouth Ill. England  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farming  
**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Lucy Stokes  
**17. Color or Race** White **18. Age at time of THIS birth** 35 yrs.  
**19. Birthplace** Holt England  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born alive at 8 A.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Robert Barnes, who is related to this child as Father (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Midwife Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Oregon } ss.  
County of Benton

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 45 years, and that Mrs. Brown, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. D. Lester Barnes Signature  
R. F. D. # Corvallis Oregon P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942

(SEAL) \_\_\_\_\_ Notary Public, residing at Corvallis, Ore.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Marj I. Blaine Registrar.

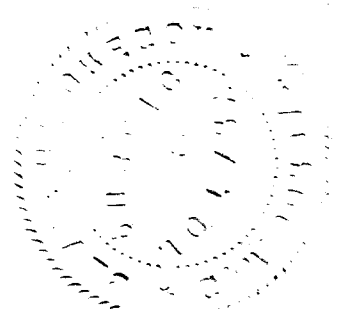


DEC 7 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



214-218-026-391

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **361900**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Jefferson</u> (b) City <u>Menan</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS</u> county <u>2</u> years <u>2</u> months <u>0</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Menan</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>15</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ida Mary Baugh</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>6-14-1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Craig Jackson Baugh</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>25</u> yrs. <b>13. Birthplace</b> <u>Booneville, Missouri</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Physician and Surgeon</u> <b>15. Industry or Business</b> <u>Drug Store</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Emma Crandall</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>19</u> yrs. <b>19. Birthplace</b> <u>Washington, D. C.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>None</u>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

**25. Attendant's OWN signature** ..... M.D. Midwife Address ..... Date .....

State of Utah  
County of Salt Lake } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 45 5/12 years, and that Craig Jackson Baugh (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Crandall Signature  
R. F. D. #4, Murray, Utah

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL) R. R. Rasmussen Notary Public, residing at Murray, Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mary J. Baugh, Registrar.

DEC 7 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-125-044-114

361958

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Council</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>own home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>8</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Council</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>8</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Oscar Raymond Fresh</u>		<b>5. Date of Birth of Child</b> <u>Jan. 25-1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Male</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>7. Twin or Triplet</b> <u>no</u>		<b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Chas. Mathews Fresh</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>42</u> yrs. <b>13. Birthplace</b> <u>unknown</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b> <u>own farm</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Martha Annie James</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs. <b>19. Birthplace</b> <u>Albany, Neal Oregon</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> <u>own home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>5</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
 County of Douglas }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Martha Dodge (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Annie James (James) Signature  
Douglas, Oregon P. O. Address

Subscribed and sworn to before me this 16 day of Nov, 1942.  
 (SEAL) John H. Hester Notary Public, residing at Douglas, Ore  
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 14-900 Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Martha Hester, Registrar.

DEC 9 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **362008**  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **BINGHAM** (b) City **TAYLOR**  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **BINGHAM**  
(c) City **TAYLOR**  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho **7 1/2** yrs.

**3. RESIDENCE OF FATHER** (city, state) **same**

**4. FULL NAME OF CHILD** **EVA WADSWORTH**

6. Sex **FEMALE** 7. Twin or Triplet? If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**  
**10. FULL NAME** **ELI AMOS WADSWORTH**

11. Color or Race **WHITE** 12. Age at time of THIS birth **36** yrs.  
13. Birthplace **HOOPER UTAH**  
(City or town) (State or foreign country)  
14. Exact Occupation **FARMER**  
15. Industry or Business

5. Date of Birth of Child (Month, day, year) **March 9<sup>th</sup> 1917**

8. No. months of Pregnancy 9. Legitimate? **yes**

**MOTHER OF CHILD**  
**16. FULL MAIDEN NAME** **LUCY HANNAH PRIEST**

17. Color or Race **WHITE** 18. Age at time of THIS birth **32** yrs.  
19. Birthplace **HOOPER UTAH**  
(City or town) (State or foreign country)  
20. Exact Occupation **HOUSE WIFE**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **6**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)

25. Attendant's **OWN** signature **M.D.** Address Date  
(Midwife)

State of **California** }  
County of **Los Angeles** } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **sister** of the person whose name appears in Item 4, above, that I am now **58** years of age, that I have known this person for **45** years, and that **Augusta Wadsworth**, who attended this birth, **now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires  
July 23, 1945.

Subscribed and sworn to before me this **27** day of **November**, 19 **42**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 10 1942** by **Mary E. Elder**, Registrar.

DEC 10 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **362011**

Local Reg. No. ....

Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>residence</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county years months days	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>none at time</u> (e) How long has <b>MOTHER</b> lived in Idaho? .. yrs.
<b>3. RESIDENCE OF FATHER</b> (city, state) ..	

<b>4. FULL NAME OF CHILD</b> <u>Ethel Utah Lambert</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>July 6, 1897</u>
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>nil</u> If so—born 1st, 2nd, 3rd
<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>John Alfred Lambert Sr.</u>	<b>16. FULL MAIDEN NAME</b> <u>Caroline Louise Swansen</u>	<b>11. Color</b> <u>white</u>	<b>17. Color</b> <u>White</u>
<b>12. Age at time of THIS birth</b> <u>37</u> yrs.	<b>18. Age at time of THIS birth</b> <u>33</u> yrs.	<b>13. Birthplace</b> <u>Blairstown, Warren Co. New Jersey</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Norkoping Sweden</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>retired</u>	<b>20. Exact Occupation</b> <u>housewife</u>	<b>15. Industry or Business</b> ..	<b>21. Industry or Business</b> ..

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** ..

**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was .. at .. M. on the date .. (Born alive, stillborn) .. and at the place stated above, and that personal particulars were furnished by .., who is related to this child as .. (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** .. M.D. Midwife Address .. Date ..

State of Utah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Salt Lake County }

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Inglestrom who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Emma B. Swansen  
P. O. Address 280 East 4th South Salt Lake City  
Subscribed and sworn to before me this 5 day of December 1942  
(SEAL) Joseph Kersley Notary Public, residing at Salt Lake City  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Marie E. Edgar Registrar.

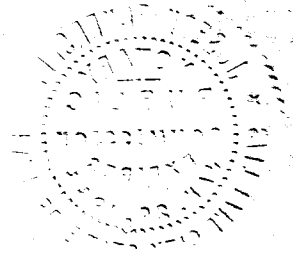


DEC 10 1942

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

431-210-020-465

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **362046**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County ELMORE (b) City ROCKY BAR  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: AT HOME  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County ELMORE  
(c) City ROCKY BAR  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 13 yrs.

**4. FULL NAME OF CHILD**

Annie Catherine McAttee

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**3. RESIDENCE OF FATHER** (city, state) Rocky Bar Idaho

5. Date of Birth of Child (Month, day, year) March 10, 1897

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME James McAttee  
11. Color or Race White 12. Age at time of THIS birth 40 yrs.  
13. Birthplace County Down Ireland  
(City or town) (State or foreign country)  
14. Exact Occupation Mining man  
15. Industry or Business Gold mines Rocky Bar, Idaho

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Annie Donnelly  
17. Color or Race White 18. Age at time of THIS birth 32 yrs.  
19. Birthplace County Leitrim Ireland  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Born alive, stillborn) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington }  
County of King } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 78 years of age, that I have known this person for 45 years, and that Midwife who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie McAttee Signature  
518 W Crockett Seattle Wash P. O. Address

Subscribed and sworn to before me this 1st day of October, 1942

(Signature) Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mary E. Baker Registrar.

DEC 11 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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396-116-040-863

362158

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>SHOSHONE</u> (b) City <u>WARDNER</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>SHOSHONE</u> (c) City <u>WARDNER</u> (d) Street Address or R.F.D. No. <u>NONE</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>1</u> yrs.
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<b>4. FULL NAME OF CHILD</b> <u>MARIE DELIA CROY</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>SEPT-16-1897</u>
<b>6. Sex</b> _____	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____
<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>YES</u>

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>JOHN FLOYD CROY</u> <b>11. Color or Race</b> _____ <b>12. Age at time of THIS birth</b> _____ yrs. <b>13. Birthplace</b> _____ (City or town) _____ (State or foreign country) _____ <b>14. Exact Occupation</b> _____ <b>15. Industry or Business</b> <u>BUSINESS</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>ETELIAN-CATHERINE HOLMAN</u> <b>17. Color or Race</b> _____ <b>18. Age at time of THIS birth</b> <u>18</u> yrs. <b>19. Birthplace</b> <u>YANKTON SOUTH DAKOTA</u> (City or town) _____ (State or foreign country) _____ <b>20. Exact Occupation</b> <u>HOUSE WIFE</u> <b>21. Industry or Business</b> _____	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** NITRATE OF SILVER  
**23. Number of children of this mother:** (a) At time of birth and including this child. .... (b) Born alive and now living. ....

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature.** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of CALIFORNIA  
County of MARIN } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that DOCTOR MATIS who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William C. Culver, Hollman Croy, Gail Mohr  
332 Brockmorton St. Hill Valley Calif  
Signature \_\_\_\_\_ Address \_\_\_\_\_

Subscribed and sworn to before me this 9 day of December, 1942  
(SEAL) Will Valley, Hill Valley, Cal. Clerk Notary Public, residing at Hill Valley, California  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

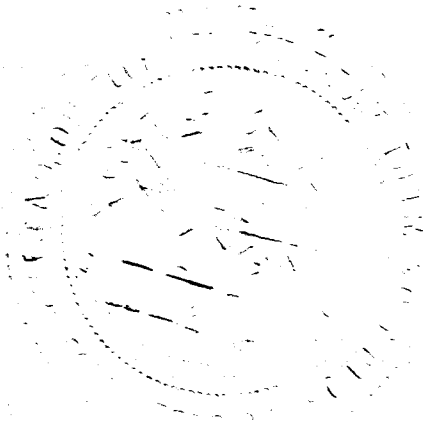
Received for filing on DEC 16 1942 by Mary E. Elder, Registrar.

DEC 16 1942

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Shelley  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Shelley  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida

4. **FULL NAME OF CHILD** Nina Louise Hull

5. Date of Birth of Child  
(Month, day, year) May 16, 1897

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Thomas Martin Hull  
11. Color white 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Franklin, Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Lena Rasmussen  
17. Color white 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Denmark  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Thomas Martin Hull M. on the date May 16, 1897 and at the place stated above, and that personal particulars were furnished by Thomas Martin Hull, who is related to this child as Father (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Bingham } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for all her life years, and that Christine Jacobsen is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Martin Hull Signature  
Shelley, Idaho

Subscribed and sworn to before me this 14th day of December, 1942.

(SEAL) L. Swartz Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Marj E. Evers Registrar.

363300

DEC 22 1942

JAN 5 1943

60866

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

712-131-022-493

363398

363398

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Fremont (b) City Meran  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Name of Hospital or Maternity Home:

none  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Fremont  
(c) City Meran  
(d) Street Address or R.F.D. No. R.F.D.  
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

ARTHUR MELVIN Casper

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**5. Date of Birth of Child**

(Month, day, year) Jan 31 1897

8. No. months of Pregnancy nine 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Peter William Casper

11. Color or Race White 12. Age at time of THIS birth 40 yrs.

13. Birthplace Big Cottonwood, Utah  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Margaret Maria Miles

17. Color or Race White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Peoa, Utah  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4:15 P.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by William E. Casper, who is related to this child as Brother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Address Date

State of Idaho }  
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter-139, 1937 Session Laws.

My commission expires William E. Casper Signature

Subscribed and sworn to before me this 4th day of Jan 1943

(SEAL)

D. J. O'Rourke Notary Public, residing at Ada, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1943 by Mary E. Edgar, Registrar.



JAN 5 1943

FEB 12 1943

MAR 8 1950

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-107-029-815

363425

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Moscow  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home:  
Parents' residence  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 13 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Moscow  
(d) Street Address or R.F.D. No. 1  
(e) How long has **MOTHER** lived in Idaho? (deceased since 1919) 5.3 yrs.

**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho

**4. FULL NAME OF CHILD** Martin Harry Mortensen

**5. Date of Birth of Child**  
(Month, day, year) Sept. 7, 1897

**6. Sex** male **7. Twin or Triplet** 1st, 2nd, 3rd

**8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME** Andrew Mortensen  
**11. Color or Race** white **12. Age at time of THIS birth** 26 yrs.  
**13. Birthplace** Namur, Denmark  
(City or town) (State or foreign country)  
**14. Exact Occupation** farming  
**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Christina (unn) Hansen  
**17. Color or Race** white **18. Age at time of THIS birth** 21 yrs.  
**19. Birthplace** Nykobing, Denmark  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** none  
**23. Number of children of this mother:** (a) **At time of birth and including this child** 1 (b) **Born alive and now living** 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Idaho } ss.  
County of Latah

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Mrs. Patter who attended this birth. Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x. Andrew Mortensen Signature

419 S. Almon St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of December, 1942

(SEAL)

W. J. Pittman Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17,914, Idaho Code (annotated).)

Received for filing on Dec 21 1942 by Martin H. Mortensen, Registrar.

DEC 24 1942

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States . . .  
Department of Commerce  
Bureau of the Census

DEC 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363503**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County **Latah** (b) City **Moscow**  
(c) Street Address or R.F.D. No. **Unknown**  
(d) Name of Hospital or Maternity Home:  
**Born at home on ranch 3 miles from town**  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State ..... (b) County .....  
(c) City .....  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? ..... yrs.

4. FULL NAME OF CHILD **Zoe Irene Harris**  
6. Sex **Female** 7. Twin or Triplet **---** If so—born 1st, 2nd, 3rd **---**

5. Date of Birth of Child (Month, day, year) **7/24/1897**

8. No. months of Pregnancy **Mature** 9. Legitimate? **Yes**

FATHER OF CHILD  
10. FULL NAME **Elmer Chester Harris**  
11. Color or Race **White** 12. Age at time of THIS birth. **25** yrs.  
13. Birthplace **Klamath Falls Oregon**  
(City or town) (State or foreign country)  
14. Exact Occupation **Farmer**  
15. Industry or Business **Farming**

MOTHER OF CHILD  
16. FULL MAIDEN NAME **Ida Viola Beasley**  
17. Color or Race **White** 18. Age at time of THIS birth. **21** yrs.  
19. Birthplace **Pilot Rock Oregon**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child **1st** (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Oregon**  
County of **Umatilla** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **65** years of age, that I have known this person for **45** years, and that **Dr. John Worthington** who attended this birth. **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Ida Viola Beasley Harris** Signature

Subscribed and sworn to before me this **26** day of **December**, 19**42**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 28 1942** by **Myron J. P. Swanson** Notary Public, residing at **Hermiston, OR**  
**Myron J. P. Swanson** Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No.

Local Reg. No.

Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **Latah** (b) City **Moscow**  
(c) Street Address or R.F.D. No. **Not Known**  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Latah**  
(c) City **Moscow**  
(d) Street Address or R.F.D. No. **Not Known**  
(e) How long has **MOTHER** lived in Idaho? **16** yrs.

**3. RESIDENCE OF FATHER** (city, state) **20**

**4. FULL NAME OF CHILD** **Zoe Irene Harris**

6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child **Jul 24, 1897**  
(Month, day, year)

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

**FATHER OF CHILD**

10. FULL NAME **Elmer Chester Harris**  
11. Color **White** 12. Age at time of THIS birth **25** yrs.  
13. Birthplace **Ashland Oregon**  
(City or town) (State or foreign country)  
14. Exact Occupation **Farmer**  
15. Industry or Business **Farming**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **Ida Viola Beasley**  
17. Color **White** 18. Age at time of THIS birth **21** yrs.  
19. Birthplace **Pilot Rock Oregon**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business **Home Maker**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of **Oregon**  
County of **Umatilla** } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **66** years of age, that I have known this person for **45** years, and that **Dr. John Worthington**, who attended this birth **is now deceased**, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

**R F D-Hermiston, Oregon** Address

Subscribed and sworn to before me this **2nd** day of **February**, 1943.

(SEAL)

Notary Public, residing at **Hermiston, Ore.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 5 1943** by **Mary E. Edgar**, Registrar.

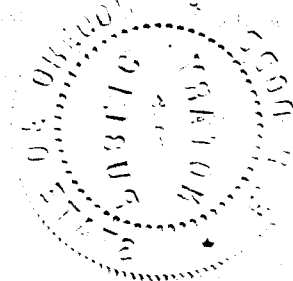
FEB 6 1943

SEP 27 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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863-128044 559

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **363646**  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Washington (b) City Council  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home: at Home  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Council  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** William Hollenbeak  
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Council Idaho  
5. Date of Birth of Child (Month, day, year) April 28-1937  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** John Thomas Hollenbeak  
11. Color or Race white 12. Age at time of THIS birth 44 yrs.  
13. Birthplace Des Moines Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Labarer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Belle Vestal  
17. Color or Race white 18. Age at time of THIS birth 40 yrs.  
19. Birthplace Chico Calif  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 P.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Mary Belle Hollenbeak, who is related to this child as Mother (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho } ss.  
County of Idaho

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 45 years, and that Sarah Harp who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B Hollenbeak  
Riggins Idaho  
December

Signature

P. O. Address

Subscribed and sworn to before me this 31 day of December, 1942

(SEAL)

John H. Clay

Notary Public, residing at Riggins Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 6 1943 by Mary B Hollenbeak, Registrar.

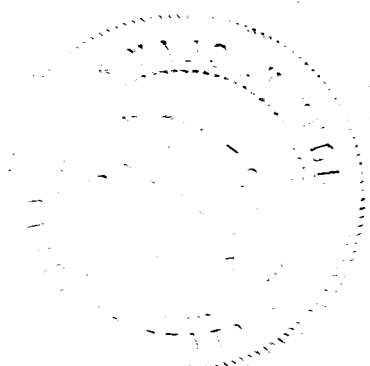


JAN 6 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/8 12200/000

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

363725 363725

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD**

Joseph V. Taylor

**6. Sex**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child  
(Month, day, year) Sept. 22, 1897

8. No. months of Pregnancy

9. Legitimate?

**FATHER OF CHILD**

**10. FULL NAME**

James B. Taylor

**11. Color or Race**

unk

12. Age at time of THIS birth unk yrs.

**13. Birthplace**

unk  
(City or town)

(State or foreign country)

**14. Exact Occupation**

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Mary L.

**17. Color or Race**

unk

18. Age at time of THIS birth unk yrs.

**19. Birthplace**

unk  
(City or town)

(State or foreign country)

**20. Exact Occupation**

**21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature**

M.D.

Midwife

Address

Date

State of Idaho }  
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign

I, the undersigned, being first duly sworn, say that I am the a close friend of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 45 years, and that physician, who attended this birth, cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen A. McKenna Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me this 73 day of January, 19 43

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mabel E. Eber, Registrar.

JAN 26 1943

JUN 8 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

627-219 020-249

363775

363775

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 363775  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Blaine (b) City Mountain Home  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Blaine  
(c) City Mountain Home  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

**3. RESIDENCE OF FATHER** (city, state) Mountain Home, Idaho

**4. FULL NAME OF CHILD** Ruth Frances Osgood

6. Sex Female 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Frank Herman Osgood

11. Color or Race White 12. Age at time of THIS birth 31 yrs.

13. Birthplace Nashua, New Hampshire  
(City or town) (State or foreign country)

14. Exact Occupation Contractor and carpenter

15. Industry or Business Carpentry and building

5. Date of Birth of Child  
(Month, day, year) July 19, 1897

16. FULL MAIDEN NAME Willie Gordon Burnet

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

19. Birthplace Stanberry, Missouri  
(City or town) (State or foreign country)

20. Exact Occupation Housewife, teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho  
County of Ada } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that

On Heikrich, who attended this birth. I further state that  
(First name) (Last name) (is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna M. Standaker Signature

Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Dec, 1942

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1943 by Mary E. Elder, Registrar.

JAN 15 1912

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 125037-386

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **363802**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Owyhee</u> (b) City <u>Bruneau</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at home of parents</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>5</u> years <u>6</u> months <u>5</u> days <b>IN THIS</b> county	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) City <u>Bruneau</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>50</u> yrs.
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<b>4. FULL NAME OF CHILD</b> <u>Levi <del>Morris</del> Maurice Harris</u> <b>6. Sex</b> <u>male</u> <b>7. Twin or Triplet</b> <u>single</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan 25, 1897</u>
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**FATHER OF CHILD**

<b>10. FULL NAME</b> <u>Alvin Milton Harris</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>75</u> yrs. <b>13. Birthplace</b> <u>The Dalles, Oregon</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Cattleman</u> <b>15. Industry or Business</b> .....
--

**MOTHER OF CHILD**

<b>16. FULL MAIDEN NAME</b> <u>Ellen Mable Thomason</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>Belmont, Nevada</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> .....
---

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** none  
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

<b>25. Attendant's OWN signature</b> .....	<b>M.D. Midwife</b> .....	<b>Address</b> .....	<b>Date</b> .....
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State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Owyhee } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that Doctor Smith who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen M Harris Signature

Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1943

(SEAL) [Signature] Notary Public, residing at Bruneau, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Mabel Z. [Signature] Registrar.

JAN 11 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville  
(c) Street Address or R.F.D. No. 314 North 2nd  
(d) Name of Hospital or Maternity Home:  
At home

(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho  
(c) City Grangeville  
(d) Street Address or R.F.D. No. 314 North 2nd  
(e) How long has MOTHER lived in Idaho? 70 yrs.

## 3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Lester Lanningham

5. Date of Birth of Child  
(Month, day, year) May 1st 1897

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

## FATHER OF CHILD

10. FULL NAME Albert Cassidy Lanningham  
11. Color white 12. Age at time of THIS birth yrs.  
13. Birthplace Plattsmouth Nebraska  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Adelaide Louise Effers  
17. Color white 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Idaho Co Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho  
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
in Item 4, above, that I am now 70 years of age, that I have known this person for ..... years, and that  
(Mother, etc.)

Dr. Bibby, who attended this birth deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Adelaide Louise Lanningham Signature

Grangeville Idaho P. O. Address

Subscribed and sworn to before me this 5 day of December, 1942

(SEAL)

St. Balthazar Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Marj H. Fisher Registrar.



JUN 3 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Soldier</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ at home (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>32</u> years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Soldier</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>13</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>John Campbell Watson</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 27, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>no</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Henry Davis Watson</u>		<b>16. FULL MAIDEN NAME</b> <u>Maude Muller White</u>	
<b>11. Color or Race</b> <u>white</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>37</u> yrs.		<b>18. Age at time of THIS birth</b> <u>32</u> yrs.	
<b>13. Birthplace</b> <u>Salen, Brown Co., Ohio</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Williamsburg, Ohio</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Blaine } ss.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Mrs. W.Y. Perkins who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Muller Watson Signature  
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 1943  
(SEAL) R. V. McIlroy Notary Public, residing at Hailey, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Maude Muller Watson, Registrar.

JAN 13 1943

APR 19 1955

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

843-112006-249

363998

363998

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

**CERTIFICATE OF BIRTH**

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bingham (b) City Basalt  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years 4 months 4 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Basalt  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) \_\_\_\_\_

4. **FULL NAME OF CHILD** DEWEY HUTCHINSON
5. Date of Birth of Child Oct. 12, 1897  
(Month, day, year)
6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9. 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** JACOB FLYNN HUTCHINSON
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Council Bluffs Ohio  
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor & Builder
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** RHODA JANE SMITH
17. Color or Race White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Farmington Utah  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Not known
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho ~~Idaho~~  
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 45 years, and that Christina Ingelstrom is now deceased, who attended this birth. I further state that \_\_\_\_\_  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\_\_\_\_\_  
Signature  
Firth, Idaho  
P. O. Address \_\_\_\_\_

Subscribed and sworn to before me this 15th day of January, 1942

(SEAL)

\_\_\_\_\_  
Notary Public, residing at Idaho Falls, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

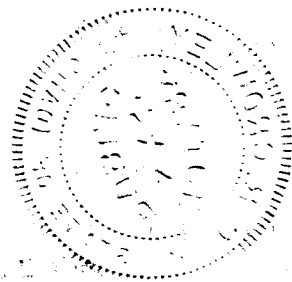
Received for filing on JAN 20 1943 by Mary E. Eder, Registrar.

JAN 20 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **364083**  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)  
 (a) County..... KOOTENAI..... (b) City..... HARRISON.....  
 (c) Street Address or R.F.D. No.....  
 (d) Name of Hospital or Maternity Home:  
HOME OF PARENTS.  
 (e) Mother's stay **BEFORE** delivery:  
IN THIS county      years      months      days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
 (a) State.....IDAHO..... (b) County.....KOOTENAI.....  
 (c) City .....HARRISON.....  
 (d) Street Address or R.F.D. No.....  
 (e) How long has MOTHER lived in Idaho?.....5.....yrs

3. RESIDENCE OF FATHER (city, state) HARRISON, IDA.

4. FULL NAME  
OF CHILD.....CLYDE ROBERT WARK

5. Date of Birth of Child  
(Month, day, year) DEC. 23, 1897

6. Sex MALE	7. Twin or Triplet	If so—born 1st, 2nd, 3rd
-------------	--------------------	--------------------------

8. No. months of Pregnancy 9 9. Legitimate? YES

## FATHER OF CHILD

10. FULL NAME ROBERT MCGREGORY WARK  
11. Color WHITE 12. Age at time of THIS birth 53 yrs.  
13. Birthplace PORTLAND, OREGON  
(City or town) (State or foreign country)  
14. Exact Occupation CARPENTER  
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME.....HELEN ROWENA CRANE.....  
17. Color.....WHITE..... 18. Age at time  
or Race..... of THIS birth 28 yrs.....  
19. Birthplace.....ROSEBURG, OREGON.....  
(City or town) (State or foreign country)  
20. Exact Occupation.....HOUSEWIFE.....  
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child....3..... (b) Born alive and now living.....5....

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
----------------------------------	-----------------	---------	------

State of WASHINGTON  
County of YAKIMA. } ss.

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the 2ND. COUSIN of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ALL HIS LIFE years, and that DR. SMALHAUSEN, who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. *M* *188*

Subscribed and sworn to before me this 11 day of January, 1943  
(SEAL) Robert P. Saxon Notary Public, residing at Yak

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Walter E. Jones, Registrar

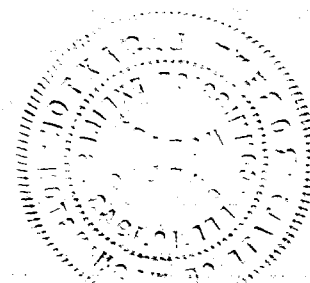
DEC 12 1967

JAN 20 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-228016-132

365273

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Cassia (b) City Albion

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:  
At parents home, 3 mi. SW Albion, Ida.

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 23 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Albion

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 23 yrs.

**3. RESIDENCE OF FATHER** (city, state) Albion, Ida.

**4. FULL NAME OF CHILD**

Rena Manila Howell

**5. Date of Birth of Child**

(Month, day, year) Aug 28, 1897

6. Sex Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Ralph Nathaniel Howell

11. Color or Race white 12. Age at time  
of THIS birth 30 yrs.

13. Birthplace Springville, Utah.  
(City or town) (State or foreign country)

14. Exact  
Occupation Farmer

15. Industry or  
Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Eva Albertson

17. Color or Race white 18. Age at time  
of THIS birth 23 yrs.

19. Birthplace Albion, Idaho  
(City or town) (State or foreign country)

20. Exact  
Occupation Housewife

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife Address

Date

State of Idaho  
County of Minidoka } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 45 years, and that Louisa Howell, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Camenzand Signature  
801 4th. St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 6 day of Jan., 1943

(SEAL)

Paul J. French Notary Public, residing at Rupert, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1943 by Mary E. Keefe, Registrar.

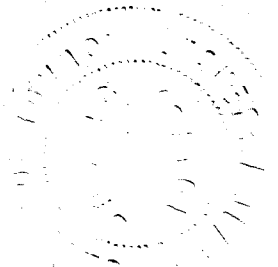


JAN 25 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-119 044 957

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365301**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH:

(a) County \_\_\_\_\_ (b) City Salubria

(c) Street Address or R.F.D. No. \_\_\_\_\_

(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home \_\_\_\_\_ days.

In THIS county 5 years \_\_\_\_\_ month \_\_\_\_\_ days.

## 2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County \_\_\_\_\_

(c) City Salubria

(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) How long has MOTHER lived in Idaho? 66 yrs.

(f) Mother's mailing address 420-15 Ave No.ampa

## 3. RESIDENCE of FATHER (city, state): deceased

## 4. FULL NAME OF CHILD June Edward Phillips

5. Date of Birth (Month, day, year) June 19-1897

6. Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

### FATHER OF CHILD

### MOTHER OF CHILD

10. FULL NAME Henry Aquila Phillips

16. FULL MAIDEN NAME Martha Elsie Spry

11. Color or Race white 12. Age at time of THIS birth 28 yrs.

17. Color or Race white 18. Age at time of THIS birth 19 yrs.

13. Birthplace Letha Idaho  
(City or town) (State or foreign country)

19. Birthplace Heiser Idaho  
(City or town) (State or foreign country)

14. Exact Occupation Laborer

20. Exact Occupation House wife

15. Industry or Business \_\_\_\_\_

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JAN 25 1943 (Date received) (b) Martha Elsie Spry (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Cassia

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Elsie Spry, being first duly sworn, say that I am mother of June Edward Phillips as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Elsie Spry who attended said birth now deceased (Name of attendant at birth)

and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Martha Elsie Spry Signature

420-15 Ave No.ampa Idaho P.O. Address

Subscribed and sworn to before me on this 22nd day of January, 19 43

(SEAL)

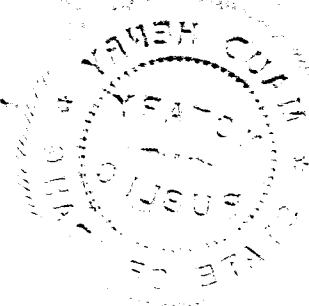
Notary Public, residing at ampa Idaho

100720  
JAN 26 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Gibbonsville</u> (c) Street Address or R.F.D. No. <u>Not Numbered</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>3</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Gibbonsville</u> (d) Street Address or R.F.D. No. <u>Not Numbered</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Harold Driggs</u> <small>7. Twin or Triplet</small>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>2-5-1897</u>	
<b>6. Sex</b> <u>Male</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Daniel Driggs</u>		<b>16. FULL MAIDEN NAME</b> <u>Naomi Jane Ballinger</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>40</u> yrs.		<b>18. Age at time of THIS birth</b> <u>37</u> yrs.	
<b>13. Birthplace</b> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Des Moines, Iowa U.S.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Gold Miner</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>same</u>		<b>21. Industry or Business</b> <u>None</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>do Not Know</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington }  
County of Pierce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 45 years, and that Midwife Name Forgotten, who attended this birth, cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\* Nellie Driggs Wilson Signature  
1252 E. 45th St. Tacoma, Washington P. O. Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL) Marion B. Johnson Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

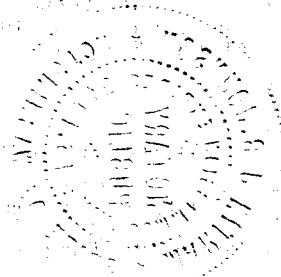
Received for filing on JAN 26 1943 by Marion B. Johnson, Registrar.

JAN 27 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-225-029 253

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

365507

1. PLACE OF BIRTH (At time of this birth) Kendrick  
(a) County LATAH (b) City Idaho  
(c) Street Address or R.F.D. No. Farm  
(d) Name of Hospital or Maternity Home: At home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 10 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Fores Ridge  
(c) City Kendrick LATAH Co.  
(d) Street Address or R.F.D. No. Farm  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
3. RESIDENCE OF FATHER (city, state) Kendrick, Ida.

4. FULL NAME OF CHILD Alice Eleanor Marshall

5. Date of Birth of Child  
(Month, day, year) 7/25/1897

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME John Bachus Marshall  
11. Color White 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Detroit Michigan USA  
(City or town) (State or foreign country)  
14. Exact Occupation Far men  
15. Industry or Business none

MOTHER OF CHILD  
16. FULL MAIDEN NAME Ella Madora Keller  
17. Color White 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Union Ill.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of California ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that.....Josephine Byers.....who attended this birth.....is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella M. Marshall Signature  
2439 So. Weyler St., San Pedro, Calif. P. O. Address

Subscribed and sworn to before me this 19th day of January, 1943.

(SEAL) James B. Stephens Notary Public, residing at San Pedro, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires June 29, 1946

Received for filing on JAN 30 1943 by Mary E. B. B. Registrar.

FEB 3 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231 107 029 152

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **365509**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>1</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>1</u> yrs.
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<b>4. FULL NAME OF CHILD</b> <u>WARREN NATHAN STANLEY</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>July 7, 1897</u>
<b>6. Sex</b> <u>Male</u> <b>7. Twin or Triplet</b> ..... <b>If so—born</b> 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>HORACE LINCOLN STANLEY</u>	<b>16. FULL MAIDEN NAME</b> <u>MARY ISABELLE JESSEP</u>	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>33</u> yrs.
<b>13. Birthplace</b> <u>Stewart</u> (City or town) <u>Iowa</u> (State or foreign country)	<b>19. Birthplace</b> <u>Indianola</u> (City or town) <u>Iowa</u> (State or foreign country)	<b>20. Exact Occupation</b> <u>Rancher</u>	<b>21. Industry or Business</b> <u>Housewife</u>

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) related to this child as ..... (Mother, etc.)

**25. Attendant's OWN signature** ..... M.D. Midwife Address ..... Date .....

State of California } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Stanislaus } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for -- years, and that **no doctor present**, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Stanley Signature  
105 Pine St. Modesto, Calif. P. O. Address

Subscribed and sworn to before me this 25th day of January, 1943.  
(SEAL) R. G. WARING County Recorder by Kathryn at Modesto.  
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mary E Stanley, Registrar.



FEB 3 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

499-128-029-437

365557

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City P.O. Troy  
(c) Street Address or R.F.D. No. No R.F.D.  
(d) Name of Hospital or Maternity Home:  
Born on farm near Troy  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 6 years 10 months 6 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Town of Troy  
(d) Street Address or R.F.D. No. No R.F.D.  
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

**3. RESIDENCE OF FATHER** (city, state) 59 yrs

**4. FULL NAME**

**OF CHILD** John Joseph Driscoll

6. Sex son 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. **FULL NAME** Joseph Driscoll  
11. Color or Race white 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Bathrust New Brunswick, Canada  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

5. Date of Birth of Child

(Month, day, year) Dec. 28, 1897

8. No. months of Pregnancy 9 9. Legitimate? Yes

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth McGarr  
17. Color or Race white 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Mapleton Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address ..... Date .....

State of Idaho }  
County of Latah } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 45 years, and that Dr. Scallon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Driscoll Signature  
Moscow, Idaho. 904 East 8th St P. O. Address

Subscribed and sworn to before me this 29th day of January, 1943.

(SEAL)

E. S. Thompson

Notary Public, residing at Moscow, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

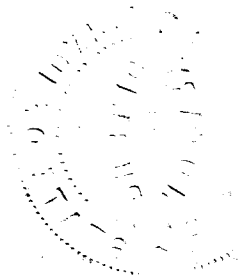
Received for filing on JAN 30 1943 by Man [Signature], Registrar.

FEB 10 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993 103 014 252  
 United States  
 Department of Commerce  
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
 STATE OF IDAHO

365650  
 State File No. ....  
 Local Reg. No. ....  
 Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or <del>XXXX</del> No. <u>1520 Cleveland</u> (d) Name of Hospital or Maternity Home: <u>Born at home residence</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>2</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or <del>XXXX</del> No. <u>1520 Cleveland</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>9</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Elbert Gallatin Rice</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Caldwell, Ida</u>	

<b>6. Sex</b> <u>Male</u>		<b>7. Twin or Triplet</b>		<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>yes</u>	
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<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>John Campbell Rice</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>33</u> yrs. <b>13. Birthplace</b> <u>Cass County Illinois</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Attorney at Law</u> <b>15. Industry or Business</b> <u>Law</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Maude Muller Besshears</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>21</u> yrs. <b>19. Birthplace</b> <u>Vandalia Missouri</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> <u>Keeping house</u>	
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 0 (b) Born alive and now living 0

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
 (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Idaho  
 County of Canyon } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the old neighbor of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Edward E. Maxey, who attended this birth is deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature  
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943  
 (SEAL) James S. Walker Notary Public, residing Caldwell, Idaho  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Marj E. Fisher, Registrar.

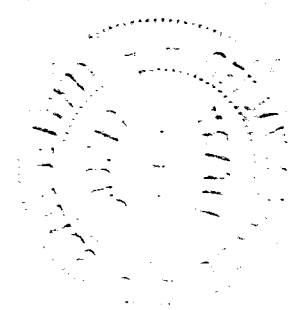
FEB 8 1943

FEB 9 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



212-216 028 243

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **365662**

Local Reg. No. ....

Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Mootwai</u> (b) City <u>Sand Point</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>8</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Mootwai</u> (c) City <u>Sand Point</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>8</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Hagley Fannie Sisson</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		<b>5. Date of Birth of Child</b> (Month, day, year) <u>10-16-1897</u> <b>8. No. months of Pregnancy</b> <u>9</u>	
<b>6. Sex</b> <u>Female</u>		<b>9. Legitimate?</b> <u>Yes.</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Esery Sisson</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>33</u> yrs. <b>13. Birthplace</b> <u>Mendota Wisconsin</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farming</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Eola Merry Butterfield</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>29</u> yrs. <b>19. Birthplace</b> <u>Dunn Co. Wisconsin</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at P.M. on the date (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by Mae Adams, who is related to this child as Sister (First name) (Last name)  
 (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Midwife Address Date** \_\_\_\_\_

State of California } ss.  
 County of San Diego

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 51 years, and that Mrs. Zikky Midwife who attended this birth is Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\_\_\_\_\_  
 Signature  
1811 Granada St San Diego Cal P. O. Address  
 Subscribed and sworn to before me this 30th day of January 1943  
 Commission Expires Aug. 4, 1944  
 (SEAL) Kathryn M. Redding Notary Public, residing at 1770 4th Ave  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) San Diego, Calif.  
 Received for filing on FEB 8 1943 by Mae Adams Registrar.

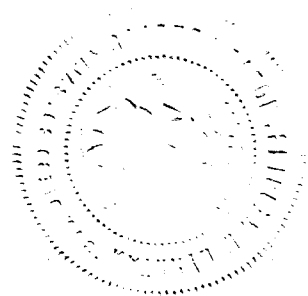
FEB 9 1943

FEB 17 1960

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-206-003-669

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **365674**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County..... (b) City American Falls  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home:       

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 2 years    months    days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Blaine  
(c) City American Falls  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) Idaho

**4. FULL NAME OF CHILD** Evelyn Louise Mower

5. Date of Birth of Child 8/6/1897  
(Month, day, year) 1917/1897

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** George Henry Mower  
**11. Color or Race** White **12. Age at time of THIS birth** 39 yrs.  
**13. Birthplace** Brigham City Utah  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** Harming

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Elizabeth Belina Workman  
**17. Color or Race** White **18. Age at time of THIS birth** 34 yrs.  
**19. Birthplace** American Falls Idaho  
(City or town) (State or foreign country)  
**20. Exact Occupation** housewife  
**21. Industry or Business** housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Utah  
County of Weber } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 45 years, and that Mrs. Lydia A. Workman, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma C. Mower Signature  
2524 Lincoln Avenue, Ogden, Utah P. O. Address .....

Subscribed and sworn to before me this 3rd day of February, 1943

(SEAL)

Dean Cardon

Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Nov. 11, 1946

Received for filing on FEB 8 1943 by Mary Field Registrar.



**AUG 27 1943**

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

447 216 004 751

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. 365682

Local Reg. No.

Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bear Lake (b) City Montpelier  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home:  
Born at Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 21 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County BEAR LAKE  
(c) City MONTPELIER  
(d) Street Address or R.F.D. No. none  
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME**

**OF CHILD** CLARE LUCILLE MURPHY

6. Sex FEMALE 7. Twin or Triplet If so—born, 1st, 2nd, 3rd

**5. Date of Birth of Child**

(Month, day, year) 6-16-97

8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**

10. **FULL NAME** PATRICK CHARLES MURPHY  
11. Color or Race WHITE 12. Age at time of THIS birth 32 yrs.  
13. Birthplace HANCOCK WISCONSIN  
(City or town) (State or foreign country)  
14. Exact Occupation RAILROAD CONDUCTOR  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** CLARE MAE PEARCE  
17. Color WHITE 18. Age at time of THIS birth 21 yrs.  
19. Birthplace ST CHARLES IDAHO  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
**OWN signature**

M.D.  
Midwife Address

Date

State of California  
County of Los Angeles } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 45 years, and that

DR. GUYON (First name) (Last name), who attended this birth IS NOW DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clare Mae Murphy Clare Lucille Murphy Signature  
3087 West 9th St Los Angeles P. O. Address  
February California 19 3

Subscribed and sworn to before me this 5th day of \_\_\_\_\_, 19 3

(SEAL) Robert D. Richards Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on FEB 8 1943 by Mary J. Fisher Registrar.

FEB 8 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-214002-315 365695

United States (Be sure the information is as of date of birth of THIS child) State File No. 365695  
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No. ....  
Bureau of the Census STATE OF IDAHO Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Adams</u> (b) City <u>Council</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS</u> county <u>30</u> years months days	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>Council</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>30</u> yrs.
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Council, Ida</u>	
<b>4. FULL NAME OF CHILD</b> <u>Millie Anderson</u>	
<b>5. Date of Birth of Child</b> (Month, day, year) <u>March 14 97</u>	
<b>6. Sex</b> <u>Female</u>	<b>8. No. months of Pregnancy</b> <u>9mo</u>
<b>7. Twin or Triplet</b> <u>No</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Harace W. Anderson</u>	<b>16. FULL MAIDEN NAME</b> <u>Delila Ann Lane</u>
<b>11. Color or Race</b> <u>White</u>	<b>17. Color or Race</b> <u>White</u>
<b>12. Age at time of THIS birth</b> <u>36</u> yrs.	<b>18. Age at time of THIS birth</b> <u>32</u> yrs.
<b>13. Birthplace</b> <u>Omaha</u> <u>Nebraska</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Indiana</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Farmer</u>	<b>20. Exact Occupation</b> <u>Housewife</u>
<b>15. Industry or Business</b> .....	<b>21. Industry or Business</b> .....

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** .....

**23. Number of children of this mother:** (a) At time of birth and including this child 10 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was 3-14-97 at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Charlotte Hamlin, who is  
(First name) (Last name)  
related to this child as Sister  
(Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Midwife

State of Oregon } **AFFIDAVIT** to be completed when the attendant does not sign  
County of Marión } ss. in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 61 years of age, that I have known this person for 61 4.6 years, and that  
Dr. Brown, who attended this birth can not be located I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Charlotte Hamlin Signature  
Superior Oregon P. O. Address

Subscribed and sworn to before me this 30 day of January, 19 43  
(SEAL) Mrs Mary A. Bell Notary Public, residing at Superior Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **COMMISSION EXPIRES JUNE 10, 1944.**

Received for filing on FEB 11 1943 by Mary E. Elder, Registrar.

FEB 11 1943

JAN 22 1971

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212 118-014 914

365704

365704

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Mampa</u> (c) Street Address or R.F.D. No. <u>Farm</u> (d) Name of Hospital or Maternity Home: <u>Own home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>7</u> years <u>6</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Mampa</u> (d) Street Address or R.F.D. No. <u>Farm</u> (e) How long has <b>MOTHER</b> lived in Idaho? _____ yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Eugene W. Bader</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) _____	

<b>6. Sex</b> <u>Male</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>6/18/1897</u>	
<b>7. Twin or Triplet</b> _____		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>7. Twin or Triplet</b> _____		<b>9. Legitimate?</b> <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>William Fredrick Bader</u>	<b>16. FULL MAIDEN NAME</b> <u>Martha Radford</u>		
<b>11. Color or Race</b> <u>White</u>	<b>17. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>59</u> yrs.	<b>18. Age at time of THIS birth</b> <u>40</u> yrs.
<b>13. Birthplace</b> <u>New York, N.Y.</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Filmere, Utah</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Farmer</u>	<b>20. Exact Occupation</b> <u>House wife</u>		
<b>15. Industry or Business</b> _____	<b>21. Industry or Business</b> _____		

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** \_\_\_\_\_

**23. Number of children of this mother:** (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Idaho County of Canyon Ada ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Heater Kohler, who attended this birth is now deceased, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. B. Bader Signature

711 Washington St. Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 18 -- day of January, 1943.

(SEAL) Lena Simpson Notary Public, residing at Boise, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Marj E. Bader Registrar.

FEB 12 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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36716

365716

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Shoshone (b) City Bliss  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
at home  
(e) Mother's stay BEFORE delivery:  
IN THIS county 14 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Fremont  
(c) City Drubois  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho? 58 yrs.

**3. RESIDENCE OF FATHER** (city, state) Drubois

**4. FULL NAME OF CHILD**

Myrtle Irene Cox

**6. Sex**

Female

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy 9

9. Legitimate?

5. Date of Birth of Child  
(Month, day, year) Dec. 6, 1897

**FATHER OF CHILD**

**10. FULL NAME**

Charles August Cox

**11. Color or Race**

White

12. Age at time  
of THIS birth 29 yrs.

**13. Birthplace**

Northland Ohio

(City or town)

(State or foreign country)

**14. Exact Occupation**

Fireman on Railway

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Lulu Robson

**17. Color or Race**

White

18. Age at time  
of THIS birth 29 yrs.

**19. Birthplace**

Plano City Utah

(City or town)

(State or foreign country)

**20. Exact Occupation**

house wife

**21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) ~~Born~~ Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's  
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.  
County of Blaine

**AFFIDAVIT** to be completed when the attendant does not sign  
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears  
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

Dr. Pendleton, who attended this birth..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Lulu Cox

Signature

809-K.P.D. Bldg. Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this..... day of....., 1947

(SEAL)

Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1948 by Mary Fielder, Registrar.



FEB 18 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **365746**  
Local Reg. No. ....  
Reg. Dist. No. ....

**FEB 8 1943**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City Garden Valley

(c) Street Address or R.F.D. No. ....

(d) Name of Hospital or Maternity Home: .....

**Residence of Parents**

(e) Mother's stay **BEFORE** delivery: .....

IN THIS county 29 years months 5 days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise

(c) City Garden Valley

(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 29 yrs.

**3. RESIDENCE OF FATHER** (city, state) Garden Valley, Idaho

5. Date of Birth of Child  
(Month, day, year) 10-15-1897

**4. FULL NAME OF CHILD** Henrietta Marguerite Zapp

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Mathias Augustus Zapp

11. Color or Race White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Idaho City, Idaho  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business .....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Frances Carrigan

17. Color or Race White 18. Age at time of THIS birth 29 yrs.

19. Birthplace Granite Creek, Idaho  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is  
(First name) (Last name)  
related to this child as .....  
(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.  
Midwife Address

Date

State of Idaho  
County of Boise } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that

Dr. C. S. Fairchild, who attended this birth, is living I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie F. Zapp  
Idaho City, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of January

1943

(SEAL) William M. Morgan, Clerk District Court Notary Public, residing at Idaho City, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 8 1943** by Mary F. Elder, Registrar.

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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9937102 029-843

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

365790

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County LATAH (b) City KENDRICK

(c) Street Address or R.F.D. No. NONE

(d) Name of Hospital or Maternity Home: AT HOME

(e) Mother's stay BEFORE delivery: NONE  
IN THIS county 25 years 10 months 20 days

**4. FULL NAME OF CHILD**

ALMAH THEODORE RILEY

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

**10. FULL NAME**

THEODORE RILEY

11. Color or Race WHITE

12. Age at time of THIS birth 38 yrs.

13. Birthplace

HOLTEN KANSAS

(City or town)

(State or foreign country)

14. Exact Occupation

FARMING, RANCH

15. Industry or Business

FARMER

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State IDAHO (b) County LATAH

(c) City KENDRICK

(d) Street Address or R.F.D. No. NONE

(e) How long has MOTHER lived in Idaho? 38 yrs.

**3. RESIDENCE OF FATHER** (city, state) KENDRICK-IDA.

5. Date of Birth of Child (Month, day, year) 9-2-1897

8. No. months of Pregnancy 9

9. Legitimate? YES

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

EVA JANE HULL

17. Color or Race WHITE

18. Age at time of THIS birth 29 yrs.

19. Birthplace

CONCORDA KANSAS

(City or town)

(State or foreign country)

20. Exact Occupation

HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. NONE

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 11

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is

(First name)

(Last name)

related to this child as .....

(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of WASHINGTON  
County of SPOKANE } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that

NONE (First name) (Last name)

who attended this birth NONE (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 5th day of July

(SEAL)

Sam Burke

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

FEB 10 1943

by

Mary E. Eden

Registrar.

FEB 10 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

76  
57  
68  
- 57  
11



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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365798

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County BINGHAM (b) City Blackfoot  
(c) Street Address or R.F.D. No. NONE  
(d) Name of Hospital or Maternity Home: NONE  
(e) Mother's stay **BEFORE** delivery: 2 years 0 months 0 days  
**IN THIS county**

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County BINGHAM  
(c) City Blackfoot  
(d) Street Address or R.F.D. No. NONE  
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

4. **FULL NAME OF CHILD** ZEN LAVERN MILLER

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho  
5. Date of Birth of Child (Month, day, year) 6-20-97

6. Sex MALE 7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? YES

**FATHER OF CHILD**  
10. **FULL NAME** ALBERT MILLER  
11. Color White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace PLAIN CITY UTAH  
(City or town) (State or foreign country)  
14. Exact Occupation BUTCHER  
15. Industry or Business MEAT BUSINESS

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** ELLEN ENGLAND  
17. Color White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace PLAIN CITY UTAH  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE 8: A. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ELLEN MILLER, who is related to this child as MOTHER (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
State of Idaho County of BINGHAM } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that Mrs. CROCKSWELL, who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Miller Signature  
609 E. ALICE ST. BLACKFOOT IDAHO P. O. Address  
Subscribed and sworn to before me this 6th day of February, 19 43  
(SEAL) Leola Hansen Notary Public, residing at Blackfoot  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

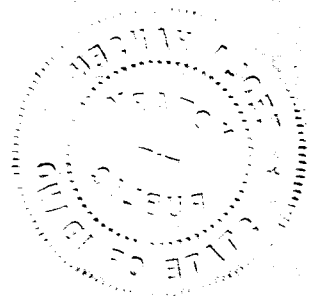
Received for filing on FEB 10 1943 by Mary E. Leeder Registrar.

FEB 10 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been reported, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Maine Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



799-121-036 213

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. #365855

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth E R T I E W I L L A R D P H I L L I P S				2. Date (month) (day) (year) Of Birth December 21 1897		
	3. Color or Race white	4. Sex male	5. Place of Birth a. County Oneida		b. City or Town of Birth Preston		
FATHER	6. Full Name of Father Julian Armfield Phillips				7. State or Country of Father's Birth North Carolina		
MOTHER	8. Full Maiden Name of Mother Mary Emma Ball				9. State or Country of Mother's Birth Pennsylvania		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ernie Willard Phillips</i>		11. Present Address of Registrant 1824 N. Alberta St. Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on April 20, 19 61				12. Signature of Notary <i>Laurey F. Halton</i>		13. Notary Commission expires April, 27, 19 62

## APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Insurance Policy Application		By whom issued and signed Grand Lodge of the Brother- hood of Railroad Trainmen	Date issued -----	Date Orig. Entry Dec. 3, 1920
	Date of Birth Dec. 21, 1897	Birth Place -----	Full Name of Mother Emma M. Phillips	Name of Father -----	
SUPPORTING RECORD 2.	Type of Document statement regarding insurance policy		By whom issued and signed Kansas City Life Insurance Co. W. W. Abbott, for the Co.	Date issued Mar. 15, 1961	Date Orig. Entry May 6, 1918
	Date of Birth Dec. 21, 1897	Birth Place -----	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 3.	Type of Document Marriage License Application		By whom issued and signed Utah County, Utah, Mark F. Boyack, Clerk	Date issued Mar. 23, 1961	Date Orig. Entry Dec. 12, 1922
	Date of Birth Dec. 21, 1897	Birth Place Preston, Idaho	Full Name of Mother Emma Ball	Name of Father Julian Phillips	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Bennett</i>	Evidence reviewed by pw	Date Filed April 24, 1961



APR 24 1961

20-10000

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County... Oneida (b) City... Preston  
(c) Street Address or R.F.D. No. ... none  
(d) Name of Hospital or Maternity Home:  
..... at home .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State... Idaho (b) County... Minidoka  
(c) City... Rupert  
(d) Street Address or R.F.D. No. ... 3  
(e) How long has **MOTHER** lived in Idaho? ... 42 yrs.  
**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Ertie Willard Phillips

5. Date of Birth of Child  
(Month, day, year) 12-21-1896

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Julian Armfield Phillips  
11. Color white 12. Age at time of THIS birth... 47 yrs.  
13. Birthplace... Forcythe County, North Carolina  
(City or town) (State or foreign country)  
14. Exact Occupation... Farmer  
15. Industry or Business... Farming

**MOTHER OF CHILD**

16. FULL MAIDEN NAME... Mary Emma Ball  
17. Color white 18. Age at time of THIS birth... 40 yrs.  
19. Birthplace... Murcer County, Penn.  
(City or town) (State or foreign country)  
20. Exact Occupation... Housewife  
21. Industry or Business... Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum... unknown  
23. Number of children of this mother: (a) At time of birth and including this child... 7 (b) Born alive and now living... 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at unknown M. on the date Dec. 21, 1896 and at the place stated above, and that personal particulars were furnished by Grace Byington, who is related to this child as Sister (Mother, etc.)  
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife was Mrs. McQuinn, who has been  
Midwife Address deceased for years date

State of... Idaho } ss.  
County of... Minidoka

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that Mrs. McQuinn, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Byington Signature  
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942.  
(SEAL) H. A. Boyer, Probate Judge Notary Public, residing at Rupert, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mary E. Eder Registrar.

FEB 15 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-131-035-713

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **365899**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>NEZPERCE</u> (b) City <u>RUSSELL</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>23</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>NEZPERCE</u> (c) City <u>RUSSELL</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? _____ yrs.	
<b>4. FULL NAME OF CHILD</b> <u>CLARENCE HOWARD WHITINGER</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>DEC. 31, 1897</u>	
<b>6. Sex</b> <u>MALE</u> <b>7. Twin or Triplet</b> _____ <b>8. If so—born 1st, 2nd, 3rd</b> _____		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>YES</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>LEROY SYLVESTER WHITINGER</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>21</u> yrs. <b>13. Birthplace</b> <u>NEOLA IOWA</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>FARMER</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>LILLIAN LOWELL PATTERSON</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>23</u> yrs. <b>19. Birthplace</b> <u>AUGUSTA, MAINE</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>HOUSE WIFE</u> <b>21. Industry or Business</b> _____	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** \_\_\_\_\_  
**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for \_\_\_\_\_ years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LeRoy Sylvester Whitinger Signature  
Leicester Idaho P. O. Address

Subscribed and sworn to before me this 12 day of February 1943.  
(SEAL) Philip H. Sigler Notary Public, residing at Leicester Idaho.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-204, Idaho Code Annotated.)

Received for filing on FEB 16 1943 by Mary E. Edgar, Registrar.

FEB 16 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

365978

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Dingle  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: own home  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Dingle  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dingle Idaho

4. **FULL NAME OF CHILD** Beulah Estelle Beam  
5. Date of Birth of Child (Month, day, year) Jan 26 - 1897  
6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** William Dewine Beam  
11. Color or Race White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Chariton Iowa (City or town) (State or foreign country)  
14. Exact Occupation Farmer and Stock raiser  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Nora Ellen Crockett  
17. Color or Race White 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Logan Utah (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None used  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11 A.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Nora E. Beam, who is related to this child as Mother (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Calif } ss.  
County of Los Angeles }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all her life years, and that Jane Sparks, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session-Laws.

My Commission Expires June 10, 1946  
Subscribed and sworn to before me this 13 day of February, 1943  
(SEAL) Bertha R. Eldridge Notary Public, residing at Long Beach  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) Long Beach

Received for filing on FEB 18 1943 by Mary Elder, Registrar.

FEB 19 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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2 KS-128.008-793

366000

366000

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City Garden Valley  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN THIS county 2 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise  
(c) City Garden Valley  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise Idaho

**4. FULL NAME OF CHILD**

Andrew Lee Bunch

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Robert Lee Bunch  
11. Color or Race White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Idaho City Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Mining  
15. Industry or Business

5. Date of Birth of Child  
(Month, day, year) November 28, 1897

8. No. months of Pregnancy 9 9. Legitimate? Yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Elizabeth Lichte  
17. Color or Race White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Pittsburg Pennsylvania  
(City or town) (State or foreign country)  
20. Exact Occupation House Work  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.  
Midwife Address

Date

State of..... }  
County of..... } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Dr. R.B. Fairchild, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Subscribed and sworn to before me this 20 day of February, 1943

(SEAL)

Chas. C. Cline Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2/20/43 by Mary E. Eder, Registrar.

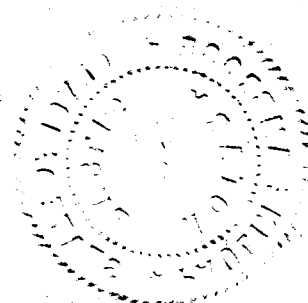


FEB 22 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-216001-753

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

367273  
State File No. 367273  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>12</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>R. 1</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>12</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Helen May Patterson</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Ada Co. Ida</u>	

<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>Triplet</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Dec. 16, 1897</u>
<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>John William Patterson</u>	<b>16. FULL MAIDEN NAME</b> <u>Lucinda S. Peck</u>	<b>11. Color or Race</b> <u>white</u>	<b>17. Color or Race</b> <u>white</u>
<b>12. Age at time of THIS birth</b> <u>28</u> yrs.	<b>18. Age at time of THIS birth</b> <u>26</u> yrs.	<b>13. Birthplace</b> <u>Ada County, Idaho</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Potawatami Co. Kansas</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Farmers</u>	<b>20. Exact Occupation</b> <u>Housewife</u>	<b>15. Industry or Business</b>	<b>21. Industry or Business</b>

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....  
**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign  
County of Ada } in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that  
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*Mabel G. Stone*

2604 - N.E. 40th Portland, Ore. P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942  
(SEAL) *Wm. B. Dumber* Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1943 by Mary E. Elder Registrar.

MAR 20 1943

OCT 7 1965  
JUL 28 1959

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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681 214035 213

367317

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No.

Local Reg. No.

Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston  
(c) Street Address or R.F.D. No. Idaho Street  
(d) Name of Hospital or Maternity Home:  
at home

(e) Mother's stay **BEFORE** delivery:  
**IN THIS** county years 4 months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nez Perce  
(c) City Lewiston  
(d) Street Address or R.F.D. No. Idaho Street  
(e) How long has **MOTHER** lived in Idaho? 4 Mo. yrsX

**3. RESIDENCE OF FATHER** (city, state) Lewiston, I

**4. FULL NAME OF CHILD**

Ella Elmo Wyatt

6. Sex female 7. Twin or Triplet one If so—born 1st, 2nd, 3rd 00

**FATHER OF CHILD**

10. FULL NAME David Johnston Wyatt

11. Color or Race white 12. Age at time of THIS birth 30 yrs.

13. Birthplace Clairmont Co., Ohio  
(City or town) (State or foreign country)

14. Exact Occupation Common Laborer

15. Industry or Business Laboring

5. Date of Birth of Child  
(Month, day, year) 8-14-1897

8. No. months of Pregnancy 9 9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Minnie Augusta Falsley

17. Color or Race white 18. Age at time of THIS birth 27 yrs.

19. Birthplace Syracuse New York  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature

M.D. Address

Date

State of Idaho  
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that I. F. Inman M.D., who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Johnston Wyatt  
1117-17-Street, Lewiston, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1943

(SEAL)

C. P. Hinckley

Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary E. Eder, Registrar.

FEB 26 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391/111 029 842

367343

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Troy  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
None  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?..... yrs.

**4. FULL NAME OF CHILD** EARL BRYAN CHAPMAN

5. Date of Birth of Child  
(Month, day, year) Feb. 11, 1897

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME William Eugene Chapman  
11. Color or Race White 12. Age at time of THIS birth 24 yrs.  
13. Birthplace Chelsea Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer and Stockman  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Martha Ellen Huskey  
17. Color or Race White 18. Age at time of THIS birth 16 yrs.  
19. Birthplace Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do Not know  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon  
County of Wallowa } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 46 years, and that Dr. Snellan, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 199, 1937 Session Laws.

William Eugene Chapman Signature  
Joseph Oregon P. O. Address

Subscribed and sworn to before me this 20th day of February, 1943

(SEAL)

Max Wilson Notary Public, residing at Joseph, Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by NOTARY PUBLIC FOR OREGON  
My Commission Expires Sept 17, 1943

FEB 27 1949

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

367365

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Cassia (b) City Butte (P.O.)  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:  
IN THIS county ONE years SIX months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Cassia  
(c) City Butte (P.O.)  
(d) Street Address or R.F.D. No. None  
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

**3. RESIDENCE OF FATHER** (city, state) Butte, Idaho

**4. FULL NAME OF CHILD** HILDA CAROLINE COOK

6. Sex Female 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

5. Date of Birth of Child  
(Month, day, year) MARCH 14, 1897

8. No. months of Pregnancy Nine 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Walter Talbert Cook  
11. Color or Race White 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Monticello, Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Stockraiser and Farmer  
15. Industry or Business Stockman

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Mary Kate Johnston  
17. Color or Race White 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Bentonville, Arkansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living three  
(Attendant deceased) **ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho  
County of Booming } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that Mr. So NEWMAN, who attended this birth Now Deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Kate Cook Signature

Subscribed and sworn to before me this 12th day of December, 1945

(SEAL) \_\_\_\_\_ Notary Public, residing at Hagerman Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mary E. Elder, Registrar.

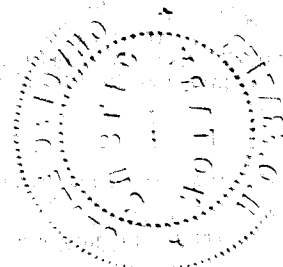


MAR 1 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259 108 029-248

367424

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

## CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latoh (b) City Genesec  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)  
(a) State Idaho (b) County Latoh  
(c) City Genesec  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 48 yrs.  
(f) Mother's mailing address Genesec, Idaho

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Amand Joseph Kern  
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No  
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth (Month, day, year) 4-8-'97

FATHER OF CHILD  
10. FULL NAME Amand Kern  
11. Color or Race White 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Milwaukee, Wis. (City or town) (State or foreign country)  
14. Exact Occupation Deceased  
15. Industry or Business \_\_\_\_\_

MOTHER OF CHILD  
16. FULL MAIDEN NAME Mary Kern  
17. Color or Race White 18. Age at time of THIS birth 44 yrs.  
19. Birthplace Berlin, Germany (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:30 M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_, who is related to this child as mother (Mother, etc.) \_\_\_\_\_

26. (a) MAR 2 - 1943 (b) \_\_\_\_\_  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)  
\_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Latoh

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Kern, being first duly sworn, say that I am related (Related to (or) acquainted with) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rogers (Name of attendant at birth) \_\_\_\_\_, who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_  
(SEAL) John R. Phillips Notary Public, residing at Latoh, Idaho  
Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

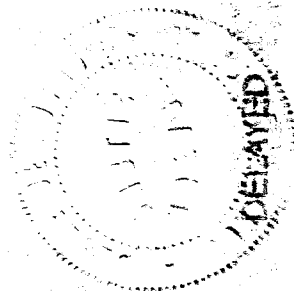
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### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

639 204 036 685

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **367427**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Franklin  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida  
(c) City Franklin  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** Martha Irene Oliverson

5. Date of Birth of Child  
(Month, day, year) NOV 4 1897

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Levi Roberts Oliverson  
11. Color or Race white 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Franklin Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business .....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Martha Whitehead  
17. Color or Race white 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Franklin Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12: Noon M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Martha Oliverson, who is  
(First name) (Last name)  
related to this child as Mother  
(Mother, etc.)

25. Attendant's  
**OWN** signature

M.D.  
Midwife Address

Date

State of Idaho }  
County of CACHE } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Ellen Morgan, who attended this birth Deceased, I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Oliverson

Signature

P. O. Address

Subscribed and sworn to before me this 26 day of February, 1943

(SEAL)

Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mary E. Eder, Registrar.

MAR 3 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-213-235-417

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367518**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Neg. Perce (b) City Summit  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 3 years ? months ? days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Neg. Perce  
(c) City Summit  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 3+ yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho  
4. **FULL NAME OF CHILD** F. Lawrence Nightingale Beloit  
5. Date of Birth of Child (Month, day, year) Dec. 13, 1897  
6. Sex Female 7. Twin or Triplet No 8. No. months of Pregnancy 9  
9. Legitimate? yes

- FATHER OF CHILD**  
10. **FULL NAME** George Wallard Beloit  
11. Color or Race white 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Wisconsin  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Emma Jane Maxwell  
17. Color or Race white 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
who is related as .....  
(First name) (Last name)  
(Mother, etc.)
25. Attendant's **OWN** signature Idaho M.D. Address Date  
Midwife

## AFFIDAVIT

- State of Idaho ss.  
County of Neg. Perce  
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4,  
above, that I am now 54 years of age, that I have known this person for 345 years, and that  
Mrs. Camp who attended this birth is now deceased further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

- Subscribed and sworn to before me this 3rd day of March, 1943.  
(SEAL) C. P. Shinkle Notary Public, residing at Leniston Ave  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

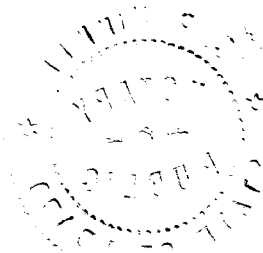
- Received for filing on MAR 6 - 1943 by Mary Elder Registrar.

MAR 8 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Rockford</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <u>1</u> years <u>11</u> months <u>one</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Rockford</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>17</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Floyd William West</u> 1. Twin or Triplet If so—born 1st, 2nd, 3rd		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Rockford</u> <b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 6 1897</u>	
<b>6. Sex</b> <u>male</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Ransom William West</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>24</u> yrs. <b>13. Birthplace</b> <u>Egden City Utah</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Rancher</u> <b>15. Industry or Business</b> <u>none</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Ann Anderson</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>24</u> yrs. <b>19. Birthplace</b> <u>Egden City Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> <u>none</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> <u>none</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>6</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Midwife** ..... **Address** ..... **Date** .....

State of Nevada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Clark }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Marion Crawford who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Anderson West Signature  
Overton Nevada P. O. Address

Subscribed and sworn to before me this 17th day of February 19 43  
(SEAL) T. W. Riggs Notary Public, residing at Overton Nev.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 - 1943 by Mary E. Edger, Registrar.



MAR 8 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-231-229-168

367550

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>P. O. Greeze</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>None. Born at home of parents</u> (e) Mother's stay BEFORE delivery: <u>8</u> years <u>5</u> months <u>—</u> days IN THIS county		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City ..... (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>45</u> yrs.	
<b>3. RESIDENCE OF FATHER</b> (city, state) .....		<b>5. Date of Birth of Child</b> (Month, day, year) <u>March 31, 1897</u>	
<b>4. FULL NAME OF CHILD</b> <u>OPAL JONES</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>6. Sex</b> <u>Female</u>		<b>9. Legitimate?</b> <u>yes</u>	
<b>7. Twin or Triplet</b> .....		<b>10. FULL NAME</b> <u>Benjamin Joseph Jones</u>	
<b>11. Color or Race</b> <u>White</u>		<b>16. FULL MAIDEN NAME</b> <u>Ellen Evalina Johnson</u>	
<b>12. Age at time of THIS birth</b> <u>22</u> yrs.		<b>17. Color or Race</b> <u>White</u>	
<b>13. Birthplace</b> <u>Winston-Salem, North Carolina</u> (City or town) (State or foreign country)		<b>18. Age at time of THIS birth</b> <u>23</u> yrs.	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>19. Birthplace</b> <u>Green Co. Mo.</u> (City or town) (State or foreign country)	
<b>15. Industry or Business</b> <u>Farming</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>21. Industry or Business</b> <u>Housekeeping</u>		<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....	
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Washington }  
County of Whitman } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Dr. E. T? Hein, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin J. Jones  
Palouse, Wash.

Signature

P. O. Address

Subscribed and sworn to before me this 2d day of March, 1943

(SEAL)

Notary Public, residing at Palouse

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1943 by Mary Elder, Registrar.

MAR 8 1943

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-205-037-813

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **367572**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Cwyhae (b) City De Lamar  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 4 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Cwyhae  
(c) City De Lamar  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

**3. RESIDENCE OF FATHER** (city, state) De Lamar, Ida.

**4. FULL NAME OF CHILD** Ida Abigail Morse

5. Date of Birth of Child  
(Month, day, year) Sept. 5, 1897

6. Sex Female 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME James Perry Morse  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Peoria, Illinois  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business .....

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Edith Matfill  
17. Color White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Coffeyville, Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum: .....

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Oregon }  
County of Union } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Dr. Plummer M.D., who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J P Morse Signature

Subscribed and sworn to before me this 3rd day of March, 1943

(SEAL) Arthurinealey Notary Public, residing at Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) COMMISSION EXPIRES JULY 19, 1944

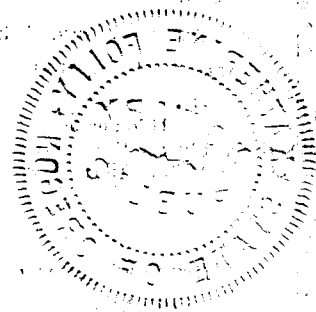
Received for filing on MAR 9 - 1943 by Mary S. [unclear] Registrar.

MAR 9 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **367711**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Village Freeze</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>None, born at farm home.</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>IN THIS county 7 years 11 months</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Village Freeze</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>nearly eight yrs.</u>	
<b>4. FULL NAME OF CHILD</b> <u>Ruby May Smith</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 2, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>no</u>	<b>8. No. months of Pregnancy</b> <u>Nine</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Andrew Jackson Smith</u>		<b>16. FULL MAIDEN NAME</b> <u>Callie Elvira Johnson</u>	
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>46</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>27</u> yrs.
<b>13. Birthplace</b> <u>West Virginia</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Missouri</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>farmer</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> <u>farming</u>		<b>21. Industry or Business</b> <u>housekeeping</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>none used</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>TWO</u> (b) Born alive and now living <u>ONE</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Midwife Address** ..... **Date** .....

State of Washington  
County of Whitman } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 46 years, and that Dr. Whittaker is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. J. Jones  
RFD Palouse, Wash.

Signature

P. O. Address

Subscribed and sworn to before me this 7th day of October, 1942

(SEAL)

Notary Public, residing at Palouse, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Mary E. Elder, Registrar.

MAR 15 1943

APR 24 1962

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



41-4-107025-396

367712

United States (Be sure the information is as of date of birth of THIS child) State File No. \_\_\_\_\_  
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. \_\_\_\_\_  
 Bureau of the Census STATE OF IDAHO Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth)  
 (a) County Idaho (b) City Keuterville  
 (c) Street Address or R.F.D. No. \_\_\_\_\_  
 (d) Name of Hospital or Maternity Home: at home  
 (e) Mother's stay BEFORE delivery: \_\_\_\_\_  
 IN THIS county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
 (a) State Idaho (b) County Idaho  
 (c) City Keuterville  
 (d) Street Address or R.F.D. No. \_\_\_\_\_  
 (e) How long has MOTHER lived in Idaho? 10 years

3. RESIDENCE OF FATHER (city, state) \_\_\_\_\_

4. FULL NAME OF CHILD August Henry Maugg 5. Date of Birth of Child Nov. 7, 1897  
 (Month, day, year)

6. Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_ 5th 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John Maugg 16. FULL MAIDEN NAME Cristine Troska  
 11. Color White 12. Age at time of THIS birth 41 yrs. 17. Color White 18. Age at time of THIS birth 40 yrs.  
 or Race Langerringen, Bavaria, Germany or Race Fustlich Neudorf  
 13. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country)  
 14. Exact Occupation Blacksmith 20. Exact Occupation housewife  
 15. Industry or Business Blacksmith 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
 County of Walla Walla

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 45 years, and that a midwife who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature John Maugg  
 Route 3, P. O. Box 1, Walla Walla, Wn. P. O. Address \_\_\_\_\_  
 Subscribed and sworn to before me this 1st day of December, 1942  
 (SEAL) Notary Public \_\_\_\_\_ Notary Public, residing at \_\_\_\_\_  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Mary Elder, Registrar.

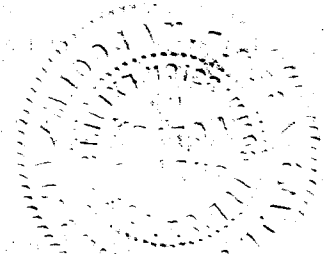


MAR 15 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-228-032-255

367718

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Shoshone  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay BEFORE delivery:  
In THIS county 14 years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln  
(c) City Shoshone  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

## 4. FULL NAME OF CHILD

Thalma Irene Brown

## 5. Date of Birth of Child

(Month, day, year) March 28, 1897

6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd  
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 Mo. 9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Henry August Brown  
11. Color or Race White 12. Age at time of THIS birth 27 yrs.  
13. Birthplace Nebraska City, Nebraska  
(City or town) (State or foreign country)  
14. Exact Occupation Bookkeeper  
15. Industry or Business Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME Irene Senter  
17. Color or Race White 18. Age at time of THIS birth 18 yrs.  
19. Birthplace North Platte, Nebraska  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of California } ss.  
County of San Francisco }

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 64 years of age, that I have known this person for 46 years, and that  
Dr. W. H. Baugh who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 9th day of March, 1943

MY COMMISSION EXPIRES

(SEAL) JANUARY 3 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

SAN FRANCISCO

Notary Public, residing at SAN FRANCISCO, CALIFORNIA

Received for filing on MAR 23 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local register for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

643-170-006349

367739

United States  
Department of Commerce  
Bureau of the Census

MAR - 8 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>2</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Don Raphael Fullmer</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>6/30/1897</u>	
<b>6. Sex</b> <u>Male</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>7. Twin or Triplet</b> <u>Triplet</u>		<b>9. Legitimate?</b> <u>yes</u>	

<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>James Stevenson Fullmer</u>		<b>16. FULL MAIDEN NAME</b> <u>Eliza Jane Curtis</u>	
<b>11. Color or Race</b> <u>white</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>35</u> yrs.		<b>18. Age at time of THIS birth</b> <u>34</u> yrs.	
<b>13. Birthplace</b> <u>Springville Utah</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Marion Utah</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>general labor</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> <u>none</u>		<b>21. Industry or Business</b> <u>none</u>	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** nothing

**23. Number of children of this mother:** (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** ..... M.D. Address Date  
Midwife

State of Montana } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Silver Bow

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for life years, and that Mrs. Lott Adams, who attended this birth, cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James E. Fullmer Signature  
2723 Locust St. Butte Montana P. O. Address

Subscribed and sworn to before me this 1 day of March 1943  
(SEAL) John Bremig Notary Public, residing at Butte, Montana  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) March 7 1943

Received for filing on MAR 8 1943 by Mary Elder Registrar.

MAR 16 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County BLAINE (b) City Bellevue  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
Hema  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State..... (b) County.....  
(c) City.....  
(d) Street Address or R.F.D. No.....  
(e) How long has MOTHER lived in Idaho?.....yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child

(Month, day, year) MARCH 15<sup>th</sup> 1897

**4. FULL NAME OF CHILD**

Edwin Emerson Kirkley

6. Sex White 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

**FATHER OF CHILD**

10. FULL NAME Edwin Kirkley  
11. Color or Race White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace.....  
(City or town) (State or foreign country)  
14. Exact Occupation.....  
15. Industry or Business Freighting Contractor

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Juanita May York  
17. Color or Race White 18. Age at time of THIS birth.....yrs.  
19. Birthplace.....  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....Idaho County of.....Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....67.....years of age, that I have known this person for.....45.....years, and that.....Phonetic.....Dayton....., who attended this birth.....deceased..... I further state that (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Juanita May Higginson Signature  
Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of March, 1943  
(SEAL) Joseph W. Duda Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....MAR 17 1943.....by.....Marcel F. Lefler....., Registrar.

367777

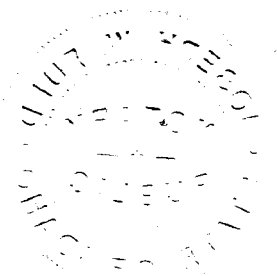
299-715,007-869

MAR 17 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH:**  
(a) County. Idaho (b) City. Delamar  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
In **THIS** county. 2 years. .... months. .... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)  
(a) State. Idaho (b) County. Idaho  
(c) City. Delamar  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.  
(f) Mother's mailing address. Delamar

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Vera Fern DeLamar Gundry  
5. Date of Birth Oct. 8, 1897  
(Month, day, year)

6. Sex female 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Joseph Gundry</u>	16. <b>FULL MAIDEN NAME</b> <u>Annie Hole</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth. <u>38</u> yrs.
11. Birthplace <u>St. Blazey</u> (City or town) (State or foreign country)	17. Color or Race <u>White</u>	18. Age at time of THIS birth. <u>38</u> yrs.	19. Birthplace <u>England</u> (City or town) (State or foreign country)
12. Exact Occupation <u>Miner</u>	19. Birthplace <u>Redruth</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>Housewife</u>
13. Industry or Business <u>Mining</u>	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3  
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

26. (a) MAR 20 1943 (b) Richard Quick  
(Date received) (Registrar's signature)  
27. Given name added on ..... by ..... and address .....  
(Registrar's signature) (Date)

State of Arizona }  
County of Gila } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Richard Quick, being first duly sworn, say that I am ..... related to Vera Fern De Lamar Gundry as Uncle  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor, who attended said birth cannot be located and that this birth has not been previously recorded.  
(Name of attendant at birth)  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 17th day of February, 1943.  
(SEAL) Richard Quick Notary Public, residing at Glendale, Arizona  
Name Richard Quick  
P. O. Address Long Beach, California



MAR 22 1949

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 105-036433

369040

United States Department of Commerce Bureau of the Census		(Be sure the information is as of date of birth of THIS child.) <b>CERTIFICATE OF BIRTH</b> STATE OF IDAHO		State File No. .... Local Reg. No. .... Reg. Dist. No. ....	
1. <b>PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Woodruff</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>35</u> years <u>5</u> months <u>21</u> days		2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Woodruff</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>45</u> yrs.		3. <b>RESIDENCE OF FATHER</b> (city, state) <u>Woodruff Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 5th 1897</u>	
4. <b>FULL NAME OF CHILD</b> <u>Delbert Elias Harris</u> 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd		6. Sex <u>Male</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. <b>FULL NAME</b> <u>Joseph Robert Harris</u> 11. Color or Race <u>White AM.</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Kaysville Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. <b>FULL MAIDEN NAME</b> <u>Sarah Louvisa McCrary</u> 17. Color or Race <u>White AM.</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Willard Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business			
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>None</u>		23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>Yes</u>			
<b>ATTENDANT'S CERTIFICATE</b>					
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)					
25. Attendant's <b>OWN</b> signature		M.D. Address Date Midwife			
State of <u>Idaho</u> County of <u>Bannock</u> } ss.		<b>AFFIDAVIT</b> (To be completed when the attendant does not sign in Item 25.)			
I, the undersigned, being first duly sworn, say that I am the <u>Brother</u> of the person whose name appears in Item 4, above, that I am now <u>61</u> years of age, that I have known this person for <u>45</u> years, and that <u>Rose Howell</u> (Midwife) who attended this birth <u>is now deceased</u> I further (First name) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.					
Subscribed and sworn to before me this <u>18</u> day of <u>March</u> , 19 <u>43</u> (SEAL) <u>J. F. Whitney</u> Notary Public; residing at <u>McCammon, Id.</u> (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-14, Idaho Code Annotated.)					
Received for filing on <u>MAR 24 1943</u> by <u>Mary E. Elder</u> Registrar.					

APR 1 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

125-220-022-449

369046

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fremont (b) City St. Anthony  
(c) Street Address or R.F.D. No. #1  
(d) Name of Hospital or Maternity Home: At home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City St. Anthony  
(d) Street Address or R.F.D. No. R.F.D. #1  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mabel Eliza Abegglen  
5. Date of Birth of Child (Month, day, year) April 20, 1897

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Conrad Abegglen  
11. Color or Race White 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Guendleswan Switzerland  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Magdalena Murri  
17. Color or Race White 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Bern Switzerland  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Fremont

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 76 years of age, that I have known this person for 45 years, and that  
Annie Hansen who attended this birth Cannot be located I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Magdalena Abegglen Signature  
St. Anthony, Idaho, R.F.D. #1 P. O. Address

Subscribed and sworn to before me this 19th day of March, 19 43  
(SEAL) Clark of District Court. residing at ST. ANTHONY, IDA  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Mary E. Eder Registrar.

MAR 25 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-022-029-289

369059

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

MAR 24 1943

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Joel  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Joel  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Samé

4. **FULL NAME OF CHILD** Mary Gertrude Marshall  
5. Date of Birth of Child (Month, day, year) Jan. 12, 1897  
6. Sex Female 7. Twin or Triplet None If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Samuel William Marshall  
11. Color or Race White 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Newton County, Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Warehouse man  
15. Industry or Business Grain

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Maria Shira  
17. Color or Race White 18. Age at time of THIS birth 40 yrs.  
19. Birthplace Iowa  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: .....  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
who is related as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

State of Washington } ss.  
County of Pierce

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,  
above, that I am now 60 years of age, that I have known this person for 46 years, and that  
Mrs. Jim Hobart who attended this birth Cannot be located I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Hattie L. Smay Signature  
7032 South Warner P. O. Address

Subscribed and sworn to before me this 19 day of March, 19 43  
(SEAL) May L. McDaniel Public, residing at Tacoma  
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Mary E. Elder Registrar.

MAR 25 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533-229.029 753

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **369114**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. <u>R.R. 2</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county years months days	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. <u>R.R. 2</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>4</u> yrs.
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<b>4. FULL NAME OF CHILD</b> <u>Macel Alma Elliott</u> 7. Twin or Triplet <u>single</u> If so — born 1st, 2nd, 3rd <b>6. Sex</b> <u>Female</u> <b>FATHER OF CHILD</b> 10. <b>FULL NAME</b> <u>William Hanks Elliott</u> 11. <b>Color or Race</b> <u>White</u> 12. <b>Age at time of THIS birth</b> <u>29</u> yrs. 13. <b>Birthplace</b> <u>Colo</u> <u>Iowa</u> (City or town) (State or foreign country) 14. <b>Exact Occupation</b> <u>Farmer</u> 15. <b>Industry or Business</b> <u>Farming</u>	<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Kendrick, Ida</u> 5. <b>Date of Birth of Child</b> (Month, day, year) <u>Jan 29, 1897</u> 8. <b>No. months of Pregnancy</b> <u>9</u> 9. <b>Legitimate?</b> <u>yes</u> <b>MOTHER OF CHILD</b> 16. <b>FULL MAIDEN NAME</b> <u>Clara Florania Peters</u> 17. <b>Color or Race</b> <u>White</u> 18. <b>Age at time of THIS birth</b> <u>22</u> yrs. 19. <b>Birthplace</b> <u>Colorado</u> (City or town) (State or foreign country) 20. <b>Exact Occupation</b> <u>house wife</u> 21. <b>Industry or Business</b>
---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum: .....

23. **Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature ..... M.D. ..... Address ..... Date .....

State of Idaho  
County of Nez Perce } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 46 years, and that Adell Elliott who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Hanks Elliott Signature

North Lewisburg R. 1-3 ave P. O. Address

Subscribed and sworn to before me this 23 day of March 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Br. Lacher M. Butt, Deputy Registrar.

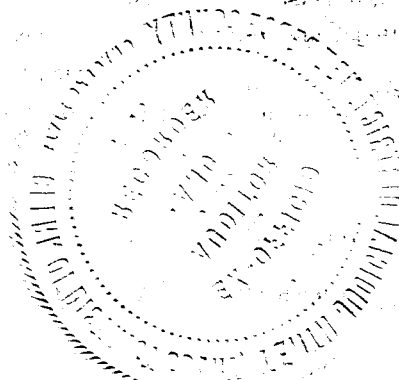


MAR 26 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

271-221-001-463

(Be sure the information is as of date of birth of THIS child.)

369209

369209

United States  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 816 Washington  
(d) Name of Hospital or Maternity Home: None  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 816 Washington  
(e) How long has **MOTHER** lived in Idaho? all life yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Helen Elizabeth Maulding

5. Date of Birth of Child Aug 21, 1897  
(Month, day, year)

6. Sex Female 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Raymond G. Maulding

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace San Claire, Miss  
(City or town) (State or foreign country)

14. Exact Occupation outdoor adr.

15. Industry or Business Adr

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ruth Mott

17. Color or Race White 18. Age at time of THIS birth 29 yrs.

19. Birthplace Idaho  
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living alive

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address Date  
Midwife

State of Idaho ss.  
County of Ada

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 37 years of age, that I have known this person for.....years, and that  
Mary E. Maulding who attended this birth now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Raymond G. Maulding Signature  
P.O. Box 1676 P. O. Address  
Boise, Idaho

Subscribed and sworn to before me this 21 day of April, 1943

(SEAL) Pauline A. Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

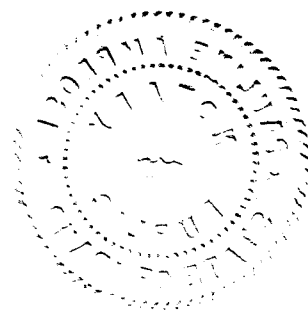
Received for filing on Apr. 21-1943 by Mary E. Maulding Registrar.

APR 21 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



397-231-004-445

369215

369215

United States (Be sure the information is as of date of birth of THIS child.)  
 Department of Commerce  
 Bureau of the Census

## CERTIFICATE OF BIRTH

### STATE OF IDAHO

State File No. \_\_\_\_\_  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

- PLACE OF BIRTH** (All items at time of this birth)
  - County Bear Lake
  - City Georgetown
  - Street Address or R.F.D. No. \_\_\_\_\_
  - Name of Hospital or Maternity Home: Private Home
  - Mothers stay **BEFORE** delivery:  
 In **THIS** county 6 years \_\_\_\_\_ months \_\_\_\_\_ days
- USUAL RESIDENCE OF MOTHER** (At time of this birth)
  - State Idaho
  - County Bear Lake
  - City Georgetown
  - Street Address or R.F.D. No. \_\_\_\_\_
  - How long has **MOTHER** lived in Idaho? 6 yrs.
- RESIDENCE OF FATHER** (city, state) Georgetown, Idaho
- Date of Birth of Child Dec. 31, 1897  
 (Month, day, year)
- No. months of Pregnancy 9
- Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Jedidiah R. Tippetts</u>	16. <b>FULL MAIDEN NAME</b> <u>Mary Emmeline Dunn</u>	11. Color or Race <u>White</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>39</u> yrs.	18. Age at time of THIS birth <u>28</u> yrs.	13. Birthplace <u>Brigham City, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Clarkston, Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>✓</u>	21. Industry or Business _____

- Name prophylactic used to prevent Ophthalmia Neonatorum. Argyrol
- Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8:00 A.M. on the date \_\_\_\_\_  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by from my own personal knowledge  
 who is related as Father (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Jedidiah R. Tippetts M.D. or F.A.T.H.E.R. Address Georgetown, Idaho Date April 19, 1943  
 Midwife Shirley R. Tippetts Public Health Nurse

### AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all her life years, and that Jedidiah R. Tippetts who attended this birth is now deceased I further  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of April, 1943  
 (SEAL) Shirley R. Tippetts Notary Public, residing at Soda Springs, Idaho  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

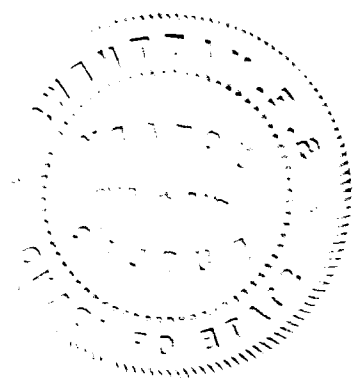
Received for filing on APR 23 1943 by Mary E. Tippetts Registrar.

APR 23 1949

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

122-270-016-249

(Be sure the information is as of date of birth of THIS child.)

United States \_\_\_\_\_ State File No. **369457**  
Department of Commerce \_\_\_\_\_ Local Reg. No. \_\_\_\_\_  
Bureau of the Census \_\_\_\_\_ Reg. Dist. No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County ~~Idaho~~ **Albion**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: **At her Mother's place**  
(e) Mothers stay BEFORE delivery: \_\_\_\_\_  
In THIS county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho**  
(b) County **Blaine**  
(c) City **on Ranch 6 miles SE Minidoka**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? **14** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Idaho**

4. **FULL NAME OF CHILD** **Breille Marie Abbott**

5. Date of Birth of Child (Month, day, year) **June 30, 1897**

6. Sex **7** 7. Twin ~~as~~ **Single** If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

**FATHER OF CHILD**

10. **FULL NAME** **Asael Shelby Abbott**

11. Color or Race \_\_\_\_\_ 12. Age at time of THIS birth **38** yrs.

13. Birthplace **Roseburg Oregon**  
(City or town) (State or foreign country)

14. Exact Occupation **Farmers Stockman**

15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** **Dora Smith**

17. Color or Race **W** 18. Age at time of THIS birth **21** yrs.

19. Birthplace **Corvise Utah**  
(City or town) (State or foreign country)

20. Exact Occupation **House wife**

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **3**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
OWN signature \_\_\_\_\_ Midwife \_\_\_\_\_

**AFFIDAVIT**

State of **Idaho** } ss.  
County of **Latah**

I, the undersigned, being first duly sworn, say that I am the **Half Brother** of the person whose name appears in Item 4, above, that I am now **58** years of age, that I have known this person for **all her life** years, and that **I believe Dr. Stony of Albion**, who attended this birth **Dead** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Is now deceased) or (Cannot be located)

**William Chirelborn** Signature  
**515 E. H, Moscow, Idaho** P. O. Address

Subscribed and sworn to before me this **30** day of **March**, 19**43**

(SEAL) **Murray E. Galt** Notary Public, residing at **Moscow, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on **APR 8 1943** by **Mary H Elder**, Registrar.

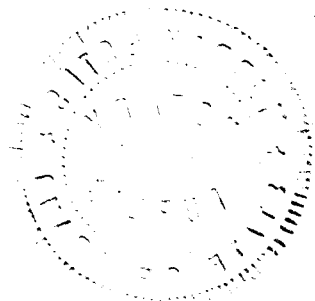
MAY 2 1952

APR 10 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-114,006-799

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **369481**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <b>Bingham</b> (b) City <b>Blackfoot</b> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <b>none</b> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county years <b>3</b> months <b>--</b> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <b>Idaho</b> (b) County <b>Bingham</b> (c) City <b>Blackfoot</b> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <b>6 mo</b> yrs.	
<b>4. FULL NAME OF CHILD</b> <b>CHARLES EZRA JOHNSON</b> 7. Twin or Triplet <b>single</b> If so—born 1st, 2nd, 3rd <b>1</b>		<b>3. RESIDENCE OF FATHER</b> (city, state) <b>Bratt, Idaho</b> 5. Date of Birth of Child (Month, day, year) <b>Feb. 14-1897</b> 8. No. months of Pregnancy <b>9</b> 9. Legitimate <b>yes</b>	
<b>10. FULL NAME</b> <b>Charles H. Johnson</b> 11. Color or Race <b>white</b> 12. Age at time of THIS birth <b>29</b> yrs. 13. Birthplace <b>Murray, Utah.</b> (City or town) (State or foreign country) 14. Exact Occupation <b>farmer</b> 15. Industry or Business <b>Laborer</b>		<b>16. FULL MAIDEN NAME</b> <b>Martha A. Priest</b> 17. Color or Race <b>white</b> 18. Age at time of THIS birth <b>21</b> yrs. 19. Birthplace <b>Uinta Utah.</b> (City or town) (State or foreign country) 20. Exact Occupation <b>housewife.</b> 21. Industry or Business <b>housewife.</b>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <b>dont recall</b>			
23. Number of children of this mother: (a) At time of birth and including this child <b>1</b> (b) Born alive and now living <b>5</b>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature **Idaho** M.D. Address Date  
**Jefferson** Midwife

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **65** years of age, that I have known this person for **45** years, and that  
**Augusta Wadsworth** who attended this birth **is now deceased**. I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

**Martha A. Johnson** Signature  
**Rigby, Idaho.** P. O. Address

Subscribed and sworn to before me this **10** day of **April**, 19 **43**  
(SEAL) **Rash R. Bennett** Notary Public, residing at **Rigby, Idaho**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 14 1943** by **Marj E. Edgar** Registrar.



APR 14 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-229-022-314  
United States  
Department of Commerce  
Bureau of the Census

APR

1943

Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

369551  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fremont (b) City Clark Ward  
(c) Street Address or R.F.D. No. R.F.D. #2  
(d) Name of Hospital or Maternity Home:  
Mothers Own Home  
(e) Mother's stay **BEFORE** delivery: At home  
IN THIS county 7 years 11 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Fremont  
(c) City Clark Ward  
(d) Street Address or R.F.D. No. R.F.D. #2  
(e) How long has **MOTHER** lived in Idaho? \_\_\_\_\_ yrs.

4. **FULL NAME OF CHILD** Myrtle Elizabeth Smith

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) \_\_\_\_\_

5. Date of Birth of Child (Month, day, year) 12-29-1897

**FATHER OF CHILD**  
10. **FULL NAME** Willia m Fryer Smith  
11. Color White 12. Age at time of THIS birth \_\_\_\_\_ yrs.  
13. Birthplace STEPLEASHTON England  
(City or town) (State or foreign country)  
14. Exact Occupation Lumber Salesman  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Amelia Matilda Taunton.  
17. Color White 18. Age at time of THIS birth \_\_\_\_\_ yrs.  
19. Birthplace T/ROBRIE England.  
(City or town) (State or foreign country)  
20. Exact Occupation House wife.  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho }  
County of Bonneville } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 46 years, and that Mrs. Clark (widwife) who attended this birth. Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Smith Thearer Signature  
179 East 16th Street P. O. Address

Subscribed and sworn to before me this 2nd day of April 19 43

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on APR 5 1943 by Mary E. Elder Registrar.

MAY 25 1965  
JUN 10 1968

APR 15 1943

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-124-037-796

369586

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. <b>PLACE OF BIRTH</b> (All items at time of this birth) (a) County..... <u>Owyhee</u> ..... (b) City..... <u>Bruneau</u> ..... (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>4</u> years months days		2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State..... <u>Idaho</u> ..... (b) County..... <u>Owyhee</u> ..... (c) City..... <u>Bruneau</u> ..... (d) Street Address or R.F.D. No..... (e) How long has <b>MOTHER</b> lived in Idaho?..... <u>22</u> ..... yrs.	
4. <b>FULL NAME OF CHILD</b> ..... <u>John Murrel Portlock</u>		5. Date of Birth of Child (Month, day, year)..... <u>June 24, 1897</u>	
6. Sex <u>Male</u> 7. Twin or Triplet..... 8. If so—born 1st, 2nd, 3rd.....		8. No. months of Pregnancy..... 9. Legitimate?.....	

<b>FATHER OF CHILD</b> 10. <b>FULL NAME</b> <u>Harris Smith Portlock</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Emmett Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation..... <u>Farmer</u> 15. Industry or Business.....		<b>MOTHER OF CHILD</b> 16. <b>FULL MAIDEN NAME</b> <u>Sarah M. Groves</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Denver, Colorado</u> (City or town) (State or foreign country) 20. Exact Occupation..... <u>Housewife</u> 21. Industry or Business.....	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum..... none

23. Number of children of this mother: (a) At time of birth and including this child..... 2..... (b) Born alive and now living..... 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date  
Midwife

State of..... Idaho..... } ss.  
County of..... Payette..... }

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the..... Mother..... of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now..... 69..... years of age, that I have known this person for..... 45..... years, and that  
..... Jane Bertschy....., who attended this birth..... deceased..... I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

..... Sarah M. Portlock..... Signature  
..... New Plymouth, Idaho..... P. O. Address

Subscribed and sworn to before me this..... 11 day of..... April....., 19..... 43  
(SEAL).....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... APR 16 1943..... by..... Mary E Elder....., Registrar.

APR 17 1943

NOV 7 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-201-040-265

369597

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Shoshone</u>	(b) City <u>Wallace</u>	(a) State <u>Idaho</u>	(b) County <u>Shoshone</u>
(c) Street Address or R.F.D. No. <u>Bank Street</u>		(c) City <u>Wallace</u>	
(d) Name of Hospital or Maternity Home: <u>Residence</u>		(d) Street Address or R.F.D. No. <u>Bank Street</u>	
(e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		(e) How long has MOTHER lived in Idaho? <u>One</u> yrs.	

4. FULL NAME OF CHILD <u>Mabel Ivy Wilson</u>	5. Date of Birth of Child (Month, day, year) <u>Sept 1, 1897</u>
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6. Sex <u>Female</u>	7. Twin or Triplet <u>?</u>	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate?
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Bert C. Wilson</u>	16. FULL MAIDEN NAME <u>Myrtle Ellen Swearingen</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>19</u> yrs.
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>23</u> yrs.	19. Birthplace <u>Iowa</u>	(City or town) (State or foreign country)
13. Birthplace <u>Midway, La Crosse Co., Wisc.</u>	(City or town) (State or foreign country)	20. Exact Occupation	21. Industry or Business
14. Exact Occupation			
15. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)

who is related as.....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

**AFFIDAVIT**

State of OREGON County of MULTNOMAH ss.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for - years, and that Bert C. Wilson who attended this birth Sept 1st, 1897 I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bert C. Wilson Signature  
2306 NE 46th Ave, Portland, Ore P. O. Address

Subscribed and sworn to before me this 13th day of April, 1943

(SEAL) Verna M. Larson Notary Public, residing at Kallama, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary E. Elder Registrar.

APR 16 1943

MAR 19 1949

NOV 5

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369700

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Rootenae (b) City Rathdrum  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:IN THIS county 6 years 11 months 1 days**4. FULL NAME OF CHILD**J. Hollis Victor McCreas**6. Sex**Male**7. Twin or Triplet**No**If so—born 1st, 2nd, 3rd****2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Rootenae  
(c) City Rathdrum  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state)Rathdrum, Idaho**5. Date of Birth of Child**(Month, day, year) October 8, 1897**8. No. months**of Pregnancy 9**9. Legitimate?**Yes**FATHER OF CHILD****10. FULL NAME**Robert Samuel McCreas**11. Color or Race**White**12. Age at time**of THIS birth 30 yrs.**13. Birthplace**Belgrum, Ontario, Canada  
(City or town) (State or foreign country)**14. Exact Occupation**Book-keeper**15. Industry or Business**Mercantile**MOTHER OF CHILD****16. FULL MAIDEN NAME**Mabel Irene Fitzsimmons**17. Color or Race**White**18. Age at time**of THIS birth 28 yrs.**19. Birthplace**Alamus, Michigan  
(City or town) (State or foreign country)**20. Exact Occupation**Housewife**21. Industry or Business****22. Name prophylactic used to prevent Ophthalmia Neonatorum.** Don't know**23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 1**ATTENDANT'S CERTIFICATE****24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 11:00 P. M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mabel McCreas, who is related to this child as Mother

(First name)

(Last name)

(Mother, etc.)

**25. Attendant's****OWN signature****M.D.****Midwife****Address****Date**State of IdahoCounty of Blaine

} ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now 73 years of age, that I have known this person for ..... years, and thatFrank  
(First name)Wenz  
(Last name), who attended this birth is now deceased I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before this 11th day of April, 1943

(SEAL)

Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary E. Elder, Registrar.

APR 21 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



APR 2 2 1948

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 130 035-493

370786

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Nez Perce (b) City near Chesley  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
none  
(e) Mother's stay **BEFORE** delivery  
IN THIS county 1 years     months     days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Nez Perce  
(c) City near Chesley  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 7 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Chesley, Idaho

4. **FULL NAME OF CHILD** Marion Holliday  
7. Twin or     If so—born      
8. Sex male Triplet single 1st, 2nd, 3rd

5. Date of Birth of Child  
(Month, day, year) Aug. 30, 1897

**FATHER OF CHILD**  
10. **FULL NAME** George Thomas Holliday  
11. Color white 12. Age at time of THIS birth 39 yrs.  
13. Birthplace Sullivan County, Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation mining engineer  
15. Industry or Business mining

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Telitha Elizabeth Miles  
17. Color white 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Galene Mission Stone Co., Mo.  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business    

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of Washington County of Stevens } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the great aunt of the person whose name appears in Item 4, above, that I am now 91 years of age, that I have known this person for 45 years, and that William Patton Holliday, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1987 Session Laws.

Subscribed and sworn to before me this 3 day of March, 1943  
(SEAL) Catherine King Signature  
Chewelah, Washington P. O. Address  
Notary Public, residing at Chewelah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

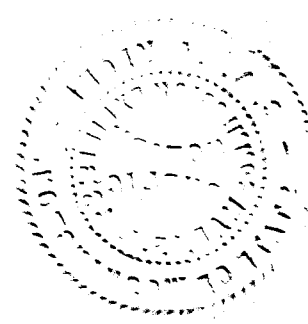
Received for filing on APR 26 1943 by Marj F. Eden Registrar.

APR 27 1943  
APR 27 1943

### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Cottonwood</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at mother's home.</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>6</u> years <u>7</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Cottonwood</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>6</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Charlotte Margaret Bruner</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Aug 22 1897</u>	
<b>6. Sex</b> <u>female</u> <b>7. Twin or Triplet</b> ..... <b>If so—born</b> 1st, 2nd, 3rd .....		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>John William Bruner</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>24</u> yrs. <b>13. Birthplace</b> <u>Beatrice Nebraska</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b> .....		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Adelia Rhoads</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>20</u> yrs. <b>19. Birthplace</b> <u>Walla Walla Washington</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>house wife</u> <b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> <u>not known</u>			
<b>23. Number of children of this mother:</b> (a) <u>At time of birth and including this child</u> <u>2</u> (b) <u>Born alive and now living</u> <u>1</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of California } **ss.**  
County of Humboldt }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother ..... of the person whose name appears in Item 4, above, that I am now 65 ..... years of age, that I have known this person for 45 ..... years, and that Dr. John W. Turner ..... who attended this birth. is now deceased ..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Adelia Rohr. Signature  
2460 Fairfield St. Eureka Calif P. O. Address

Subscribed and sworn to before me this 14 day of April 1943.  
(SEAL) Frank J. Meyer Notary Public, residing at Eureka, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mary E Elder, Registrar.

APR 27 1913

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

371056

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Country  
(c) Street Address or R.F.D. No. Country  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
In THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont  
(c) City near Anthony  
(d) Street Address or R.F.D. No. Anthony  
(e) How long has MOTHER lived in Idaho? 9 yrs.

4. FULL NAME OF CHILD

Leona Maud McBee

5. Date of Birth of Child

(Month, day, year) June 23rd 1947

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Samuel Robinson McBee

16. FULL MAIDEN NAME Susan Jane Hatfield

11. Color or Race White 12. Age at time of THIS birth 43 yrs.

17. Color or Race White 18. Age at time of THIS birth 38 yrs.

13. Birthplace Indiana  
(City or town) (State or foreign country)

19. Birthplace Idaho  
(City or town) (State or foreign country)

14. Exact Occupation farmer

20. Exact Occupation housewife

15. Industry or Business Farming

21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D. Address Date

State of Canada County of Alberta ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 45 years, and that (Mother, etc.)

Robert W. R. Pelkey who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Jane McBee Signature

RR 1 High River P. O. Address

Subscribed and sworn to before me this 26th day of April, 1947

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1947 by Mary Fielder Registrar.

MAY 7 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295 713 001-864

371201

371201

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....

Local Reg. No. ....

Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>433 - S. 9th</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>5</u> years <u>2</u> months <u>4</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>433 - S 9th</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>7</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Charles Frederick Linsell</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		<b>5. Date of Birth of Child</b> (Month, day, year) <u>9-13-1897</u> <b>3. RESIDENCE OF FATHER</b> (city, state) <u>Boise Idaho</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
<b>6. Sex</b> <u>male</u> <b>10. FULL NAME</b> <u>Charles J Linsell</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>R.F.H. Grafton West Va.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Wholesale Fruit Shipper</u> 15. Industry or Business _____		<b>16. FULL MAIDEN NAME</b> <u>Emma J. Young</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Youngstown Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Teacher &amp; Housewife</u> 21. Industry or Business <u>who died 5-17-1899</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> _____ <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>Two</u> (b) Born alive and now living <u>yes</u>			

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's W. W. S. Springer M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
 OWN signature \_\_\_\_\_ Midwife \_\_\_\_\_

State of Idaho County of Ada ss.

**AFFIDAVIT**  
 (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now Forty Six years of age, that I have known this person for Forty Six years, and that Dr. W. W. S. Springer who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Charles J Linsell P. O. Address 1111 N. 12th Boise Idaho

Subscribed and sworn to before me this 26 day of May, 1943  
R. H. Barkner Notary Public, residing at Boise, Idaho  
 (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1943 by Mary E. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



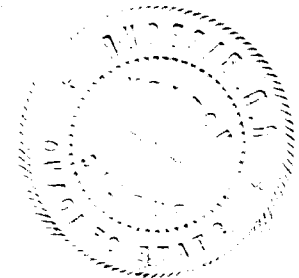
DEC 11 1959

MAY 28 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-204001-695

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 371247  
Local Reg. No.  
Reg. Dist. No.

1. <b>PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>1</u> years months days		2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho? <u>1</u> yrs.	
4. <b>FULL NAME OF CHILD</b> <u>Clara Bertha John</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 4 1897</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>Yes</u>			
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
10. <b>FULL NAME</b> <u>Charles Boyd John</u>		16. <b>FULL MAIDEN NAME</b> <u>Frances Elvira Fincher</u>	
11. Color <u>White</u> or Race <u>Chicago</u>	12. Age at time of THIS birth <u>36</u> yrs. <u>Illinois</u>	17. Color <u>White</u> or Race <u>Wright County, Missouri</u>	18. Age at time of THIS birth <u>17</u> yrs. <u>Missouri</u>
13. Birthplace (City or town) (State or foreign country)		19. Birthplace (City or town) (State or foreign country)	
14. Exact Occupation <u>Railroad Engineer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Denver Rio Grande R. R.</u>		21. Industry or Business <u>Home</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10:00 P.M. on the date Jan. 4 1897 and at the place stated above, and that personal particulars were furnished by Frances Elvira John who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Idaho ss.  
County of Boise

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 45 years, and that

Cole who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frances E. Fincher John Signature  
P. O. Address

Subscribed and sworn to before me this 30th day of April, 1943

(SEAL) Maurice H. Clark Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My commission expires Jan. 27, 1944)

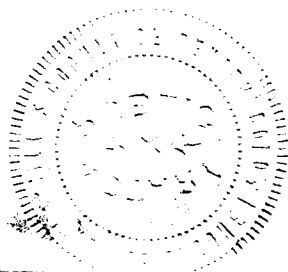
Received for filing on MAY 14 1943 by Mary E. Clark Registrar.

MAY 14 1938

### **DELAYED REGISTRATION LAW.**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249 220 014 756 MAY 17 1943

United States  
Department of Commerce  
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

371314  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Canyon (b) City New Plymouth  
(c) Street Address or R.F.D. No. 1  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay **BEFORE** delivery:

IN THIS county — years — months — days

**4. FULL NAME OF CHILD** Mable Eunice Burt

6. Sex female 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME Calvin Luther Burt  
11. Color white 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Appanoose Co. Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business farming

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) How long has MOTHER lived in Idaho? 7 yrs.

**3. RESIDENCE OF FATHER** (city, state) Canyon Co. Idaho

5. Date of Birth of Child  
(Month, day, year) Oct. 20, 1897

8. No. months of Pregnancy 9 9. Legitimate? yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Sylvia Mae Gaffey  
17. Color white 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Putnam Co. Mo.  
(City or town) (State or foreign country)  
20. Exact Occupation \_\_\_\_\_  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

25. Attendant's OWN signature

M.D. \_\_\_\_\_  
Midwife Address \_\_\_\_\_

Date \_\_\_\_\_

State of Idaho } ss.  
County of Payette

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for 46 years, and that \_\_\_\_\_, who attended this birth. I further state that \_\_\_\_\_  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of May 1943

(SEAL)

Notary Public, residing at New Plymouth, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by \_\_\_\_\_, Registrar.

JUN 22 1943

APR 3 1961

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-223-007-279

372356

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. <b>PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Blaine</u> (b) City ..... (c) Street Address or R.F.D. No. <u>1</u> ..... (d) Name of Hospital or Maternity Home: <u>Residence</u> ..... (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county ..... years ..... months ..... days		2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> ..... (c) City ..... (d) Street Address or R.F.D. No. <u>1</u> ..... (e) How long has <b>MOTHER</b> lived in Idaho? ..... yrs.	
4. <b>FULL NAME OF CHILD</b> <u>Emma Gladys Sherbine</u>		5. Date of Birth of Child <u>Mar 23-1897</u> (Month, day, year)	
6. Sex ..... 7. Twin or Triplet ..... 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
<b>FATHER OF CHILD</b> 10. <b>FULL NAME</b> <u>George Walter Sherbine</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth ..... yrs. 13. Birthplace <u>Lisbon, Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		<b>MOTHER OF CHILD</b> 16. <b>FULL MAIDEN NAME</b> <u>Martha Montana Spray</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth ..... yrs. 19. Birthplace <u>Virginia City, Montana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)  
25. Attendant's **OWN** signature.....M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Blaine

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 72 years of age, that I have known this person for 46 years, and that  
Mrs. McCoy who attended this birth now deceased I further  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Mrs. Martha Sherbine Signature  
Gannett, Idaho  
P. O. Address

Subscribed and sworn to before me this 11th. day of May, 19 43  
(SEAL) D. W. Walker Notary Public, residing at Hailey  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1943 by Maud E. Eder Registrar.

OCT 30 1948

MAY 24 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-212-006-753

United States  
Department of Commerce  
Bureau of the Census

JUN 1

1943

(Assure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. **372543**

Local Reg. No. ....

Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **Bingham** (b) City **Idaho Falls**

(c) Street Address or R.F.D. No. **R.F.D. #3**

(d) Name of Hospital or Maternity Home:

**Born at home**

(e) Mothers stay **BEFORE** delivery:

In **THIS** county **one** years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Bingham**

(c) City **Idaho Falls**

(d) Street Address or R.F.D. No. **R.F.D. #3**

(e) How long has **MOTHER** lived in Idaho? **one** yrs.

**3. RESIDENCE OF FATHER** (city, state) **Idaho Falls, Idaho**

5. Date of Birth of Child  
(Month, day, year) **March 12, 1897**

**4. FULL NAME OF CHILD** **Esther Rose Anderson**

7. Twin or Triplet **Neither** If so—born 1st, 2nd, 3rd

6. Sex **Female**

8. No. months of Pregnancy **Nine** 9. Legitimate? **Yes**

**FATHER OF CHILD**

10. FULL NAME **Andrew A. Anderson**

11. Color **White** 12. Age at time of THIS birth **37** yrs.

13. Birthplace **Odes Oge Sweden**  
(City or town) (State or foreign country)

14. Exact Occupation **Farming**

15. Industry or Business **Farming**

**MOTHER OF CHILD**

16. FULL MAIDEN NAME **Hilma Victoria Peterson**

17. Color **White** 18. Age at time of THIS birth **33** yrs.

19. Birthplace **Smaland Sweden**  
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Don't know**

23. Number of children of this mother: (a) At time of birth and including this child **three** (b) Born alive and now living **three**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **7:00 A.** M. on the date

(Born alive, stillborn) **Hilma Victoria Anderson**

and at the place stated above, and that personal particulars were furnished by **Mother** (First name) (Last name)

who is related as **Mother** (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
**Idaho**  
**Bonneville** ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, (Mother, etc.)

above, that I am now **seventy-nine** years of age, that I have known this person for **forty-six** years, and that

**Mrs John Lundburg** who attended this birth **is now deceased** I further (First name) (Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Hilma Victoria Anderson** Signature

**Rt. #2, Idaho Falls, Idaho** P. O. Address

Subscribed and sworn to before me this **28th** day of **May**, 19**43**.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at **Idaho Falls,**

**Idaho**

Received for filing on **JUN - 5 1943** by **Idaho Falls** Registrar.

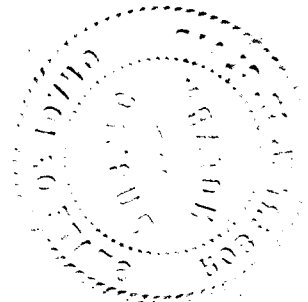


JUN 7 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

759-224.006-336

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372547**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County **Bingham** (b) City **Idaho Falls**  
(c) Street Address or R.F.D. No. **135 Corner Avenue**  
(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Bingham**  
(c) City **Idaho Falls**  
(d) Street Address or R.F.D. No. **135 Corner Avenue**  
(e) How long has **MOTHER** lived in Idaho? **One** yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** **Elsie Ursula Gerhart**

5. Date of Birth of Child  
(Month, day, year) **1-24-1897**

6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

**FATHER OF CHILD**

10. **FULL NAME** **Peter John Gerhart**  
11. Color or Race **White** 12. Age at time of THIS birth **47** yrs.  
13. Birthplace **Marrietta Ohio**  
(City or town) (State or foreign country)  
14. Exact Occupation **Carpenter**  
15. Industry or Business **Carpenter & Contractor**

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** **Hannah Louise Close**  
17. Color or Race **White** 18. Age at time of THIS birth **36** yrs.  
19. Birthplace **Gwelf, Ontario, Canada**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **7**

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of **Idaho** } ss.  
County of **Ada** }

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **sister** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **55** years of age, that I have known this person for **46** years, and that

**Dr. Pendleton** who attended this birth **deceased** I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

**Hattie G. Davis** Signature  
**1611 S. E. Belmont, Portland, Ore.** P. O. Address

Subscribed and sworn to before me this **20** day of **May**, 19 **43**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN - 5 1943** by **Maud E. Eder** Registrar.

JUN 30 1958

JUN 7 1949

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-228029-753

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **372603**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county years <u>3</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>3 yrs.</u>	
<b>4. FULL NAME OF CHILD</b> <u>Benita Merle Smith</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>March 28 1897</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>No</u> <b>If so—born 1st, 2nd, 3rd</b> .....		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Floyd Smith</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>38</u> yrs. <b>13. Birthplace</b> <u>Springfield Illinois</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>bon doctor M.P. P.P.</u> <b>15. Industry or Business</b> .....		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Grace Lorissa Pelton</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>22</u> yrs. <b>19. Birthplace</b> <u>Chicago Ill.</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>house wife</u> <b>21. Industry or Business</b> .....	

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** .....

**23. Number of children of this mother:** (a) At time of birth and including this child one (b) Born alive and now living four

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

**AFFIDAVIT**

State of Washington } ss.  
County of Clark }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 68 years of age, that I have known this person for 46 years, and that  
Dr. Wohlenberg, who attended this birth, cannot be located I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 28th day of May, 1943  
(SEAL) W. A. Ward, Notary Public, residing at Vancouver  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Mary E. Eder, Registrar.

JUN 10 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

362-229-001-113

372655

372655

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county years months days

**4. FULL NAME OF CHILD** Leona Pearl Coble

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME George Washington Coble

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Illinois  
(City or town) (State or foreign country)

14. Exact Occupation .....

15. Industry or Business .....

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State ..... (b) County .....

(c) City .....

(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Boise

5. Date of Birth of Child (Month, day, year) Jan 22 - 1917

8. No. months of Pregnancy 9. Legitimate? Yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Elizabeth Mather

17. Color or Race White 18. Age at time of THIS birth 20 yrs.

19. Birthplace Boise, Idaho  
(City or town) (State or foreign country)

20. Exact Occupation .....

21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Hattie J. J. J. Midwife Address Boise route 1 Date Jan 22, 1917

State of ..... County of ..... ss. Mather AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that

....., who attended this birth ..... I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this ..... day of ..... 19 .....

(SEAL)

Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1943 by Mabel E. E. E. Registrar.

JUN 24 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 272677  
Local Reg. No. 272677  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot  
(c) Street Address or R.F.D. No. 189 S. University Ave.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
IN THIS county 5 years 1 months 21 days

4. FULL NAME OF CHILD Pearl Angèle Quantrell

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Arnold Denis Quantrell  
11. Color or Race White 12. Age at time of THIS birth 46 yrs.  
13. Birthplace Liverpool, England  
(City or town) (State or foreign country)  
14. Exact Occupation  
15. Industry or Business Lumber Contractor

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham  
(c) City Blackfoot  
(d) Street Address or R.F.D. No. 189 S. University Ave.  
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child  
(Month, day, year) Dec 21 - 1897

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Aline Alice Luthy  
17. Color or Race White 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Porrentruy Switzerland  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of California } ss.  
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that Dr. Bailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aline A. Quantrell Signature

Subscribed and sworn to before me this 7th day of July 19 43

(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914, Idaho Code Annotated.)

Received for filing on July 7 - 1943 by Mabel E. Eder Registrar.

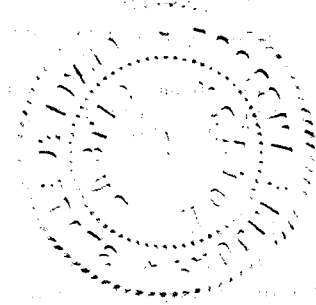


882 4 705

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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331-120-006-912

372713

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. <b>PLACE OF BIRTH</b> (All items at time of this birth)		2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth)	
(a) County <u>Bingham</u>	(b) City <u>Ammon</u>	(a) State <u>Idaho</u>	(b) County <u>Bingham</u>
(c) Street Address or R.F.D. No. ....		(c) City <u>Ammon</u>	
(d) Name of Hospital or Maternity Home <u>At Home</u>		(d) Street Address or R.F.D. No. ....	
(e) Mothers stay <u>Before</u> delivery: In <u>THIS</u> county <u>27</u> years <u>2</u> months <u>12</u> days		(e) How long has <b>MOTHER</b> lived in Idaho? <u>15 years</u>	

4. <b>FULL NAME OF CHILD</b> <u>LuVERN THOMAS CLARK</u>	5. Date of Birth of Child (Month, day, year) <u>Dec. 20, 1897</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>
	8. No. months of Pregnancy <u>9</u>
	9. Legitimate? <u>Yes</u>

<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
10. <b>FULL NAME</b> <u>William Thomas Clark</u>	16. <b>FULL MAIDEN NAME</b> <u>Annie Maria Rasmussen</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>27</u> yrs.
11. Birthplace <u>Salt Lake City, Utah U.S.A.</u>	19. Birthplace <u>Ovid, Idaho U.S.A.</u>	20. Exact Occupation <u>Farmer and Stock Raiser</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>35</u> yrs.			

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....	23. Number of children of this mother: (a) At time of birth and including this child <u>6</u>	(b) Born alive and now living <u>3</u>
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**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)

who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

**AFFIDAVIT**

State of Idaho } ss.  
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)

above, that I am now 72 years of age, that I have known this person for 45 years, and that  
....., who attended this birth. I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Army M. Rasmussen  
246 N. Ridge Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 1943.  
(SEAL) S. L. Howell Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JUN 14 1943 by Harold E. Eason Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-201-029-863

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

372725

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

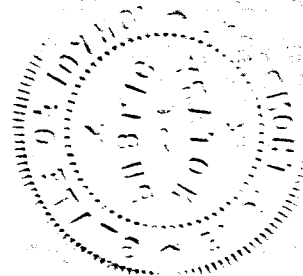
<b>1. PLACE OF BIRTH:</b> (a) County <u>Latih</u> (b) City <u>R#2, Mayfield</u> (c) Street Address or R.F.D. No. <u></u> (d) Name of Hospital or Maternity Home: <u></u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county <u>10</u> years.....months.....days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (Always fill in these) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address.....	
<b>4. FULL NAME OF CHILD</b> <u>Minnie Lavina Johnson</u>		<b>5. Date of Birth</b> <u>Aug. 1, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> <u></u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>August Magnus Johnson</u>		<b>16. FULL NAME</b> <u>Ekla Elizabeth Hallner</u>	
<b>11. Color or Race</b> <u>white</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>32</u> yrs.		<b>18. Age at time of THIS birth</b> <u>19</u> years	
<b>13. Birthplace</b> <u>Sweden</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Sweden</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Own farm</u>		<b>21. Industry or Business</b> <u>Home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u></u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead..... (d) Stillborn.....			
<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was.....at.....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)			
<b>26. (a) JUN 14 1943</b> (Date received)		<b>25. Attendant's</b> <u>Mary Elder</u> <b>OWN signature</b> .....M.D. or..... (D.O., Midwife, etc.)	
<b>27. Given name added on</b> .....by..... (Registrar's signature)		<b>and address</b> ..... Date	
State of <u>Idaho</u> } ss. County of <u>Latih</u>		<b>AFFIDAVIT</b> To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.	
<b>I, Ekla Elizabeth Hallner Johnson</b> , being first duly sworn, say that I am.....related to..... (Name of person on certificate above) (Related to (or) acquainted with) <b>Minnie Lavina Johnson</b> as.....mother....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....no attendant....., who attended (Name of attendant at birth) said birth.....and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)			
<b>Ekla Elizabeth Hallner Johnson</b> Name <u>Moscow, Idaho</u> P. O. Address			
Subscribed and sworn to before me on this <u>10th</u> day of <u>April</u> 1943 (SEAL) <u>E. S. Thompson</u> Notary Public, residing at <u>Moscow, Idaho</u>			

6101 8 2 NOV

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

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463-101-235-697

372749

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Nezperce (b) City Lewiston  
(c) Street Address or R.F.D. No. ---  
(d) Name of Hospital or Maternity Home: None  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 23 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Nezperce  
(c) City Lewiston  
(d) Street Address or R.F.D. No. --  
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

4. **FULL NAME OF CHILD** Robert Newell Molloy  
6. Sex male  
7. Twin or Triplet ---  
If so—born 1st, 2nd, 3rd ---

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho  
5. Date of Birth of Child (Month, day, year) May 1, 1897  
8. No. months of Pregnancy 9  
9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Joseph M. Molloy  
11. Color or Race Anglo-Saxon 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Walla Walla, Washington  
(City or town) (State or foreign country)  
14. Exact Occupation Clerk & Bookkeeper,  
15. Industry or Business Lumber

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mittie H. Wiggin,  
17. Color or Race Anglo-Saxon 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Lewiston, Idaho,  
(City or town) (State or foreign country)  
20. Exact Occupation Now deceased,  
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as \_\_\_\_\_  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho,  
County of Clearwater, ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 77 years of age, that I have known this person for 46 years, and that  
Dr. Charles Phillips, who attended this birth deceased, I further  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Joseph M. Molloy Signature  
Orofino, Idaho, P. O. Address

Subscribed and sworn to before me this 31st day of May, 1943.  
(SEAL) Samuel Wayne Notary Public, residing at Orofino, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

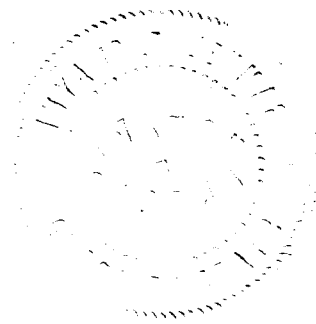
Received for filing on JUN 15 1943 by Mary E. Elder Registrar.

JUN 16 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-229,043-281

372788

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. \_\_\_\_\_

# CERTIFICATE OF BIRTH

Local Reg. No. \_\_\_\_\_

STATE OF IDAHO

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH:</b> (a) County <u>Valley</u> (b) City <u>Van Wyck</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>8</u> years _____ month _____ days.		<b>2. USUAL RESIDENCE of MOTHER:</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Valley</u> (c) City <u>Van Wyck</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>14</u> yrs. (f) Mother's mailing address <u>Van Wyck, Idaho</u> .	
<b>4. FULL NAME OF CHILD</b> <u>Opal Moore</u>		<b>5. Date of Birth</b> (Month, day, year) <u>Dec. 29, 1897</u>	
<b>6. Sex</b> <u>female</u> <b>Twin or Triplet</b> _____ <b>If so—born 1st, 2nd, 3rd</b> _____		<b>8. No. months of Pregnancy</b> _____ <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Francis Moore</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>40</u> yrs. <b>13. Birthplace</b> <u>Green County Iowa</u> (City or town) _____ (State or foreign country) _____ <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Stock Farming</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Priscilla Anna Shaw</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs. <b>19. Birthplace</b> <u>Council Bluffs Iowa</u> (City or town) _____ (State or foreign country) _____ <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A.M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JUN 16 1943 (Date received) (b) Mary G. Fisher (Mother, etc.) (c) \_\_\_\_\_ (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature) 25. Attendant's OWN signature \_\_\_\_\_ (D.O., Midwife, etc.) M.D. \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_

State of CALIFORNIA  
County of LOS ANGELES ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Francis Moore, being first duly sworn, say that I am related to Opal Moore (Related to (or) acquainted with) as father (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that There was no attendant (Name of attendant at birth), who attended said birth \_\_\_\_\_ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Francis Moore Signature  
1320 N. Las Palmas Avenue, Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me on this \_\_\_\_\_ day of June

(SEAL)

NOTARY PUBLIC  
in and for the County of Los Angeles, State of California  
My Commission Expires Aug. 31, 1944



885276  
JUN 17 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County **Canyon** (b) City **Parma**  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mothers stay BEFORE delivery:  
In THIS county **3** years **6** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State **Idaho** (b) County **Canyon**  
(c) City **near Parma**  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? **9** yrs.

3. RESIDENCE OF FATHER (city, state) **Parma, Ida**  
5. Date of Birth of Child **June 18, 1897**  
(Month, day, year)

4. FULL NAME OF CHILD **William Leeander Alexander**  
6. Sex **male** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD  
10. FULL NAME **James Henry Alexander**  
11. Color or Race **white** 12. Age at time of THIS birth **27** yrs.  
13. Birthplace **Arkansas**  
(City or town) (State or foreign country)  
14. Exact Occupation **farmer**  
15. Industry or Business **farming**

MOTHER OF CHILD  
16. FULL MAIDEN NAME **Minnie G. Henderson**  
17. Color or Race **white** 18. Age at time of THIS birth **19** yrs.  
19. Birthplace **Des Moines Iowa**  
(City or town) (State or foreign country)  
20. Exact Occupation **Housewife**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)  
25. Attendant's OWN signature M.D. Address Date  
Midwife

State of **Idaho** County of **Minidoka** } ss.  
AFFIDAVIT  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **64** years of age, that I have known this person for **46** years, and that **Mrs. Thomas Martin** (First name) (Last name), who attended this birth **now deceased** (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  
**Minnie G. Beaty** Signature  
**Heyburn, Idaho** P. O. Address  
Subscribed and sworn to before me this **19th** day of **June**, 19**43**  
(SEAL) **Notary Public**, residing at **Rupert, Ida**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JUN 26 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-227-001 295

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 870413  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Meridian  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county one years months days

**4. FULL NAME OF CHILD**

Woods, Florence Mable

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

**FATHER OF CHILD**

10. FULL NAME Woods, Bennet Robinson  
11. Color white 12. Age at time of THIS birth 39 yrs.  
13. Birthplace Ohio (City or town) (State or foreign country)  
14. Exact Occupation Laborer  
15. Industry or Business

**MOTHER OF CHILD**

16. FULL MAIDEN NAME King, Mary Melissa  
17. Color white 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Iowa (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11: A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Mary R. King M.D. Address Meridian Date 8/9/42  
Midwife

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that

\_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
P. O. Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1943 by Mary R. King, Registrar.

JUN 29 1943

MAY 15 1957

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

443-220 019-796

374189

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Bay Horse</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Bay Horse</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>30 years</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Vera Jennie Mulvaney</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>April 20, 1897</u>	
<b>6. Sex</b> <u>female</u> 7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <u>9 mos.</u> Legitimate? <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Francis E. Mulvaney</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>26</u> yrs. <b>13. Birthplace</b> <u>New York City, N.Y.</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>miner</u> <b>15. Industry or Business</b> <u>none</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Julia A. Grotewald</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>17</u> yrs. <b>19. Birthplace</b> <u>Syracuse, New York</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> <u>none</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>none</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>first</u> (b) Born alive and now living <u>yes</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

**25. Attendant's** M.D. Address Date  
**OWN signature** Midwife

State of Nevada,  
County of Washoe } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 64 years of age, that I have known this person for 46 years, and that  
Dr. Charles Baker who attended this birth now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Julia A. Rieberger Signature  
922 Plumas Street, Reno, Nev. P. O. Address

Subscribed and sworn to before me this 17th day of June, 1943.  
(SEAL) E. H. Reemer Clerk of Court, residing at Reno, Nevada.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 - 1943 by Mary E. Egan Registrar.

JUL 1

1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-127 029 639

374218

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>?</u> (d) Name of Hospital or Maternity Home: <u>(None)</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>2</u> years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>?</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>4</u> yrs.			
<b>4. FULL NAME OF CHILD</b> <u>William John Blackburn</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		<b>5. Date of Birth of Child</b> <u>Feb 27 - 1897</u> (Month, day, year) <b>8. No. months of Pregnancy</b> <u>9 mos.</u> <b>9. Legitimate?</b> <u>Yes</u>			
<b>6. Sex</b> <u>Male</u>		<b>10. FULL NAME</b> <u>William George Blackburn</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>22</u> yrs. <b>13. Birthplace</b> <u>Michigan</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> _____ <b>15. Industry or Business</b> <u>Restaurant Business</u>		<b>16. FULL MAIDEN NAME</b> <u>Maria Elisa Olin</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>18</u> yrs. <b>19. Birthplace</b> <u>Minnesota</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____					
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>					

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's** \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
**OWN signature** \_\_\_\_\_ Midwife \_\_\_\_\_

State of California ss.  
County of SAN FRANCISCO

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for \_\_\_\_\_ years, and that the midwife who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maria E. Blackburn Beer \_\_\_\_\_ Signature  
2610-38th ave. San Francisco, Calif. P. O. Address  
28th June 1943  
John H. Coker \_\_\_\_\_, Notary Public, residing at San Francisco  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Mary Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.




JUL 3 1918

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

49126 029-744  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
JUL 15 1943  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **374491**  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>Farm home</u> (e) Mother's stay <b>BEFORE</b> delivery: IN THIS county <u>3</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City _____ (d) Street Address or R.F.D. No. <u>Rural (no R.F.D.)</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>3</u> yrs.
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<b>4. FULL NAME OF CHILD</b> <u>Verla E lithe Draper</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>Sept 16, 1897</u>
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>no</u> <b>8. If so - born 1st, 2nd, 3rd</b> <u>1st</u>	<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>

<b>FATHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Arthur J. Draper</u>	<b>12. Age at time of THIS birth</b> <u>24</u> yrs.
<b>11. Color or Race</b> <u>white</u>	<b>13. Birthplace</b> <u>Persia Iowa</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Farming</u>	<b>15. Industry or Business</b>

<b>MOTHER OF CHILD</b>	
<b>16. FULL MAIDEN NAME</b> <u>Anna May Summers</u>	<b>17. Color or Race</b> <u>white</u>
<b>18. Age at time of THIS birth</b> <u>20</u> yrs.	<b>19. Birthplace</b> <u>Aurora Nebraska</u> (City or town) (State or foreign country)
<b>20. Exact Occupation</b> <u>Housewife</u>	<b>21. Industry or Business</b>

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** \_\_\_\_\_  
**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 4 A.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Anna Draper, who is related to this child as mother (Mother, etc.)

<b>25. Attendant's OWN signature</b>	<b>M.D. Midwife</b>	<b>Address</b>	<b>Date</b>
--------------------------------------	---------------------	----------------	-------------

State of Washington }  
County of Spokane } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Dr. Watkins, who attended this birth, is not deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Draper Signature  
Moscow Idaho P. O. Address

Subscribed and sworn to before me this 13th day of July, 1943  
(SEAL) Geo. C. Danforth Notary Public, residing at Spangle Wn.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

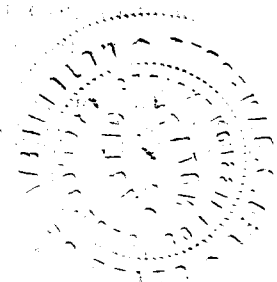
Received for filing on JUL 16 1943 by Mabel E. Miller, Registrar.

JUL 27 1943

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-114100-355

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **375621**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>ST. L. R.</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State .... (b) County .... (c) City .... (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? ..... yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Oscar Albert Hart</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Dec 14, 1897</u>	
<b>6. Sex</b> <u>son</u> 7. <del>Typhoid</del> <u>Triple</u> If <del>born</del> 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>sure</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Charles Franklen Hart</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>42</u> yrs. <b>13. Birthplace</b> <u>McConnell, Ohio</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> .....		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Emmeline Swander</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>21</u> yrs. <b>19. Birthplace</b> <u>Caldwell Idaho</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

**25. Attendant's** M.D. Address Date  
**OWN signature** Midwife

State of CALIFORNIA } ss.  
County of San Bernardino

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 77 years of age, that I have known this person for 46 years, and that  
LENA McDOWELL who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Mrs E J Hart Signature  
1216 Lugo St. P. O. Address

Subscribed and sworn to before me this 13th day of July, San Bernardino, Calif, 43

(SEAL)

Notary Public, residing at San Bernardino, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on JUL 21 1943 by Mavis S. Edgar Registrar.

JUL 22 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. **375662**  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) County \_\_\_\_\_ (b) City Pocatello  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mother's stay BEFORE delivery:  
IN THIS county 15 years months days

4. FULL NAME OF CHILD Albert Philip Willis 5. Date of Birth of Child July 24-1899  
(Month, day, year)

6. Sex MALE 7. Twin or Triplet ✓ 8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME THOMAS HENRY Willis 16. FULL MAIDEN NAME LENORE GRAINEY

11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.

13. Birthplace Shipping, Indiana 17. Color or Race WHITE 18. Age at time of THIS birth 38 yrs.

14. Exact Occupation \_\_\_\_\_ 19. Birthplace Shipping, Indiana

15. Industry or Business Railroad Worker 20. Exact Occupation \_\_\_\_\_

21. Industry or Business Home wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of MICHIGAN County of WAYNE } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 38/43-48 years of age, that I have known this person for 45 years, and that \_\_\_\_\_, who attended this birth. I further state that \_\_\_\_\_ (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Francis Willis Signature

6th day of April, 1943 P. O. Address Detroit, Mich

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1943

(SEAL) Frank Williams Notary Public, residing at Detroit, Mich

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

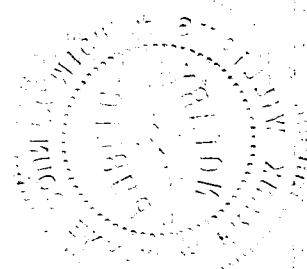
Received for filing on JUL 26 1943 by Mary Elder Registrar.

JUL 27 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **375674**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>St. Charles</u> (c) Street Address or R.F.D. No. <u>...</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>13</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>St. Charles</u> (d) Street Address or R.F.D. No. <u>...</u> (e) How long has MOTHER lived in Idaho? <u>38</u> yrs.	
4. FULL NAME OF CHILD <u>Adeline Hansen</u>		5. Date of Birth of Child (Month, day, year) <u>2-20-1897</u>	
6. Sex <u>Female</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ole Welineous Hansen</u>		16. FULL MAIDEN NAME <u>Ruth Caroline Mowery</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>48</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>38</u> yrs.	
13. Birthplace <u>Norway</u> (City or town) (State or foreign country)		19. Birthplace <u>San Bernardino, California</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Mill Man</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>Mill</u>		21. Industry or Business <u>...</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>13</u> (b) Born alive and now living <u>11</u>			

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 46 years, and that her midwife who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Hansen Jensen Signature  
422 E. Benton, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1943

(SEAL)

Theodore H. Lathrop Notary Public, residing at Pocatello, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mary E. Elder Registrar.



JUL 28 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



1164-252-117-119

375690

375690

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County CANYON (b) City EMMETT  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: HOME  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County CANYON  
(c) City EMMETT  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

## 4. FULL NAME OF CHILD

FLORENCE Moulton

## 5. Date of Birth of Child

(Month, day, year) MAY 22 18976. Sex GIRL

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE9. Legitimate? yes

## FATHER OF CHILD

10. FULL NAME CLAYTON T. Moulton  
11. Color or Race WHITE 12. Age at time of THIS birth 44 yrs.  
13. Birthplace GENTRY COUNTY, MISSOURI  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business

## MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH MARIE MARECHAL  
17. Color or Race WHITE 18. Age at time of THIS birth 38 yrs.  
19. Birthplace FOX, WASHINGTON, WISCONSIN  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSE WIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's M.D. Address Date  
OWN signature Midwife

State of IDAHO  
County of GEM COUNTY } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 66 years of age, that I have known this person for 44 years, and that  
DOCTOR CLYMER, who attended this birth IS NOW DEAD, I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Signature Linda M. Parrott

P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1943

(SEAL)

Notary Public, residing at Twain Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1943 by Marion E. Edder, Registrar.

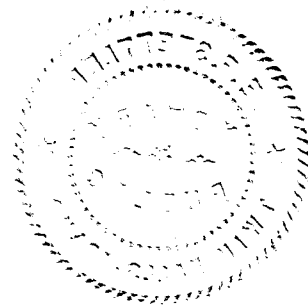
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JUL 29 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-125007-219

375704

375704

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Willow Creek  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....
- (e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Willow Creek  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
3. **RESIDENCE OF FATHER** (city, state) .....

4. **FULL NAME OF CHILD** Walter Hubert Brooks  
5. Date of Birth of Child (Month, day, year) 12-25-1897  
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd .....  
8. No. months of Pregnancy ..... 9. Legitimate? yes

- FATHER OF CHILD**  
10. **FULL NAME** Henry Alfred Brooks  
11. Color white 12. Age at time of THIS birth 44 yrs.  
13. Birthplace Hickory County Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business .....
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Dorcas Eveline Bartshe  
17. Color white 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Hickory County, Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)
25. Attendant's **OWN** signature ..... M.D. Address ..... Date .....

- State of Idaho } ss.  
County of Ada }

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,  
above, that I am now 74 years of age, that I have known this person for all his life years, and that  
Dorcas Eveline Bartshe (Last name) who attended this birth is now deceased I further  
(First name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Dorcas Eveline Brooks Signature  
Fairfield, Idaho P.O. Address .....

Subscribed and sworn to before me this 3rd day of August, 1943  
(SEAL) Pauline Ambrose Notary Public, residing at Brins, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 3-1943 by Marie E. Elder Registrar.

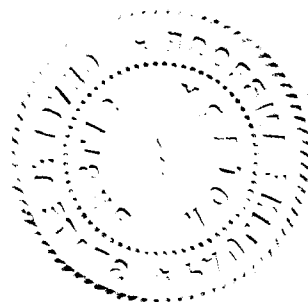
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-245-004-747

375868

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. <b>PLACE OF BIRTH</b> (All items at time of this birth)		2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth)	
(a) County <u>Bear Lake</u>	(b) City <u>St. Charles</u>	(a) State <u>Idaho</u>	(b) County <u>Bear Lake</u>
(c) Street Address or R.F.D. No. ....		(c) City <u>St. Charles, Idaho</u>	
(d) Name of Hospital or Maternity Home: <u>family home</u>		(d) Street Address or R.F.D. No. ....	
(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>      </u> years <u>      </u> months <u>      </u> days		(e) How long has <b>MOTHER</b> lived in Idaho? <u>75</u> yrs.	
4. <b>FULL NAME OF CHILD</b> <u>Louise Pugmire Keetch</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 15, 1897</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>      </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Elijah Charles Keetch</u>		16. <b>FULL MAIDEN NAME</b> <u>Annie Staniforth Pugmire</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>St. Charles, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>St. Charles, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer &amp; Stock-raising</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>      </u>		21. Industry or Business <u>      </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at        M. on the date        and at the place stated above, and that personal particulars were furnished by Annie Staniforth Pugmire Keetch (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature        M.D.        Address        Date       

State of Idaho } ss.  
County of Bear Lake }

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that Martha Shirley (Last name), who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie S. P. Keetch Signature  
St. Charles, Idaho P. O. Address

Subscribed and sworn to before me this August, 1943.  
(SEAL)        Notary Public, residing at Paris, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 1731, Idaho Code Annotated.)

Received for filing on Aug 6 1943 by        Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1955

AUG 6 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

918-215-032-364

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **375999**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Lincoln (b) City Near Shoshone  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Born at home of parent  
(e) Mothers stay **BEFORE** delivery: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
In **THIS** county
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Lincoln  
(c) City Near Shoshone  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? About 40 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Nellie Octavia Ray  
7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_  
1st, 2nd, 3rd
5. Date of Birth of Child (Month, day, year) April 15, 1897  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Gasper Norton Ray  
11. Color or Race white 12. Age at time of THIS birth 49 yrs.  
13. Birthplace Illinois or Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Frances Lombelin  
17. Color or Race white 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Bates County Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as \_\_\_\_\_  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss.  
County of Payette }

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 72 years of age, that I have known this person for 46 years, and that  
Allice Devaney who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Mary Frances Emerson Signature  
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of August, 1943.  
(SEAL) John F. Dunn Notary Public, residing at Payette, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by Mary E Elder Registrar.



AUG 24 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **376007**  
Local Reg. No. ....  
Reg. Dist. No. ....

# CERTIFICATE OF BIRTH

**AUG 14 1943** STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <b>Kootenai</b> (b) City <b>Coeur d'Alene</b> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mothers stay BEFORE delivery: In THIS county <b>6</b> years <b>8</b> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <b>Idaho</b> (b) County <b>Kootenai</b> (c) City <b>Coeur d'Alene</b> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <b>6 yr 8 Mo.</b> yrs.	
4. FULL NAME OF CHILD <b>Edna Louise Cornell</b>		5. Date of Birth of Child (Month, day, year) <b>Aug. 27, 1897</b>	
6. Sex <b>female</b>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <b>9</b>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <b>Francois B. Cornell</b>		16. FULL MAIDEN NAME <b>Delia Zoe Ayotte</b>	
11. Color or Race <b>white</b>	12. Age at time of THIS birth <b>32</b> yrs.	17. Color or Race <b>white</b>	18. Age at time of THIS birth <b>19</b> yrs.
13. Birthplace <b>New York, N.Y.</b> (City or town) (State or foreign country)		19. Birthplace <b>Faribault, Minnesota</b> (City or town) (State or foreign country)	
14. Exact Occupation <b>Quarter-Master Sergeant,</b>		20. Exact Occupation <b>housewife</b>	
15. Industry or Business <b>United States Army</b>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <b>boric acid</b>			
23. Number of children of this mother: (a) At time of birth and including this child <b>2</b> (b) Born alive and now living <b>4</b>			

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of **California** } ss.  
County of **San Diego**

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **66** years of age, that I have known this person for **since birth** years, and that  
**William Macumber** (First name) (Last name) who attended this birth **is now deceased** I further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

**Delia Zoe Lindsey** Signature  
**1547 Bancroft St. San Diego Cal.** P. O. Address

Subscribed and sworn to before me this **6th** day of **August**, 19**43**  
(SEAL) **W. Macumber** Notary Public, residing at **San Diego, Cal.**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **My Commission Expires Mar 12, 1945**

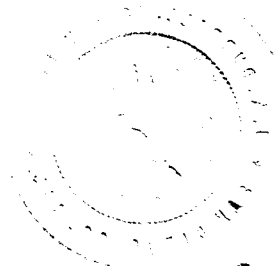
Received for filing on **AUG 14 1943** by **Mabel E. Edger** Registrar.

AUG 17 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **377377**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. Residence on Bannock  
(d) Name of Hospital or Maternity Home: Street  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 15 years XX months XX days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise Res. on Bannock St.  
(d) Street Address or R.F.D. No. 870 B. H. Packerham Rd. #1  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Helen Margaret Myers  
5. Date of Birth of Child  
(Month, day, year) Sept. 12, 1897

6. Sex Female 7. Twin or Triplet XX If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** James Lincoln Myers  
11. Color White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Illinois (city unknown)  
(City or town) (State or foreign country)  
14. Exact Occupation  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna May (Martin) Packerham  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace State of Kansas (city unknown)  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Do not know  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

State of Washington } ss.  
County of King

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Father's Sister) the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 76 years of age, that I have known this person for (all her life) 45 years, and that  
Dr. Mary Spalding who attended this birth deceased I further  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Mildred Myers Miner - Mrs. W. R. Signature  
5702 31st Avenue N. E. Address  
Seattle, Wash.

Subscribed and sworn to before me this 12th day of August, 1943  
(SEAL) Ruth A. Price Notary Public, residing at Seattle  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

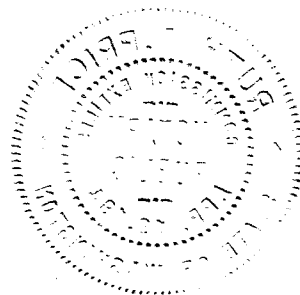
Received for filing on AUG 31 1943 by Mabel H. Elder Registrar.

DEC 20 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



377427

469-108022-318

United States (Be sure the information is as of date of birth of THIS child) State File No.  
 Department of Commerce Certificate of Birth Local Reg. No.  
 Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
 (a) County Freemont (b) City La Belle  
 (c) Street Address or R.F.D. No. #2  
 (d) Name of Hospital or Maternity Home: at home  
 (e) Mother's stay BEFORE delivery: 12 years 12 months 12 days  
 IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
 (a) State Idaho (b) County Freemont  
 (c) City La Belle  
 (d) Street Address or R.F.D. No. #2  
 (e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Elvira Taylor Morgan

5. Date of Birth of Child (Month, day, year) 8-8-1897

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joshua Brigham Morgan

11. Color white 12. Age at time of THIS birth 35 yrs.

13. Birthplace Midland, Mich. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Jane Taylor

17. Color white 18. Age at time of THIS birth 28 yrs.

19. Birthplace La Belle Idaho (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 2 A.M. on the date (Born alive, born)  
 and at the place stated above, and that personal particulars were furnished by Elva Smart, who is related to this child as Sister (First name) (Last name)

25. Attendant's OWN signature Elva Smart M.D. Midwife Address Lorenzo Id. Date Aug 30-43

State of Idaho County of Jefferson ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, and that (First name) Mrs. Elva (Last name) Smart, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)  
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elva Smart Signature  
Lorenzo Id. P. O. Address

Subscribed and sworn to before me this 31 day of August, 1943  
 (SEAL) W. H. Bennett Notary Public, residing at Highby, Idaho.  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on SEP 3-1943 by Mal H. Hader, Registrar.

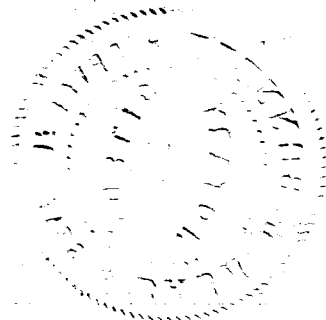
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

361-206-001-433

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **377467**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Ada** (b) City **Boise**  
(c) Street Address or R.F.D. No. **EASTMAN**  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County \_\_\_\_\_  
(c) City **Boise**  
(d) Street Address or R.F.D. No. **EASTMAN**  
(e) How long has **MOTHER** lived in Idaho? **1 yr. APX.** yrs.  
3. **RESIDENCE OF FATHER** (city, state) **SAME.**

4. **FULL NAME OF CHILD** **Deedie Irene Cook**  
7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

5. Date of Birth of Child (Month, day, year) **FEB. 6-1897.**  
8. No. months of Pregnancy **9** 9. Legitimate? **YES.**

6. Sex **FEMALE**  
**FATHER OF CHILD**  
10. **FULL NAME** **George Joe Cook**  
11. Color or Race **white** 12. Age at time of THIS birth **28** yrs.  
13. Birthplace **Jackson** (City or town) **Nich** (State or foreign country)  
14. Exact Occupation **Mechanic.**  
15. Industry or Business **Repairing etc.**

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** **Musana McCandless**  
17. Color or Race **white** 18. Age at time of THIS birth **26+** yrs.  
19. Birthplace **Pittsburgh** (City or town) **Penn.** (State or foreign country)  
20. Exact Occupation **House Keeper.**  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**  
23. Number of children of this mother: (a) At time of birth and including this child **5th** (b) Born alive and now living **3**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at **3:00** A.M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by **George Joe Cook** (First name) \_\_\_\_\_ (Last name) who is related as **FATHER** (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of **Mich** } ss.  
County of **JACKSON**

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **FATHER** of the person whose name appears in Item 4, above, that I am now **74** years of age, that I have known this person for **46** years, and that **MRS WEBSTER** (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_, who attended this birth **IS NOW DECEASED** (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**George Joe Cook** Signature  
**Jackson Mich** O. Address  
Subscribed and sworn to before me this **4th** day of **Sept**, 19**43**  
(SEAL) **Nerl W Kuntz** Notary Public, residing at **Jackson**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **SEP 10 1943** by **Mary H. Keifer** Registrar.



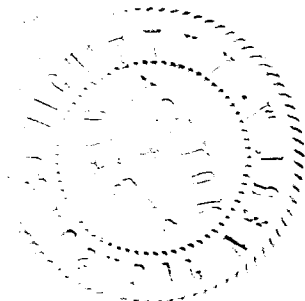
FEB 4 1966

SEP 10 1963

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



365-104036-993

United States

(Be sure the information is as of date of birth of THIS child.)

State File No. **377577**

Department of Commerce

## CERTIFICATE OF BIRTH

Local Reg. No. ....

Bureau of the Census

STATE OF IDAHO

Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Oneida** (b) City **Rockland**(c) Street Address or R.F.D. No. **rural**(d) Name of Hospital or Maternity Home:  
**born at home**(e) Mothers stay BEFORE delivery:  
In THIS county years months **3** days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Oneida**(c) City **Rockland**(d) Street Address or R.F.D. No. **rural**(e) How long has MOTHER lived in Idaho? **3** yrs.3. RESIDENCE OF FATHER (city, state) **same as mother**

## 4. FULL NAME OF CHILD

**JAMES BERTRUM ~~BERTRUM~~ CONSTANT**5. Date of Birth of Child  
(Month, day, year) **Sept. 4, 1897**6. Sex **Male**7. Twin or  
TripletIf so—born  
1st, 2nd, 3rd8. No. months  
of Pregnancy **9**9. Legitimate? **yes**

## FATHER OF CHILD

## 10. FULL NAME

**James Harvey Constant**11. Color **white** 12. Age at time  
or Race of THIS birth **35** yrs.13. Birthplace **Illinois**  
(City or town) (State or foreign country)14. Exact Occupation **farmeng**15. Industry or Business **farmer**

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

**Nellie Elizabeth Richardson**17. Color **white** 18. Age at time  
or Race of THIS birth **21** yrs.19. Birthplace **Fort Bridger**  
(City or town) (State or foreign country)20. Exact Occupation **housewife**21. Industry or Business **home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **4 P.M.** M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **Nellie** **Constant**

(First name)

(Last name)

who is related as **Mother**  
(Mother, etc.)25. Attendant's  
OWN signatureM.D.  
Midwife

Address

Date

State of **Washington**  
County of **Lewis** } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **67** years of age, that I have known this person for **46** years, and that**Mrs Heber** **Leslie**, who attended this birth **now deceased** I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.**Nellie Elizabeth Constant** Signature  
**Route 2, Winlock, Washington** P. O. AddressSubscribed and sworn to before me this **14** day of **September**, 19 **43**

(SEAL)

**Arthur E. Evans**, Notary Public, residing at **Chehalis**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)Received for filing on **SEP 17 1943** by **Mabel Heber**, Registrar.

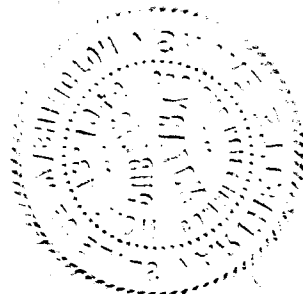
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-211029-753

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **378003**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Tetah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. <u>Gen Delivery</u> (d) Name of Hospital or Maternity Home: <u>at mother's home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2 1/2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Tetah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. <u>Gen Delivery</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Nugget Leatha Harris</u>		5. Date of Birth of Child (Month, day, year) <u>August 11-1897</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Phyllis Wiley Harris</u>		16. FULL MAIDEN NAME <u>Samantha Grubell Beckwith</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>52</u> yrs.		18. Age at time of THIS birth <u>35</u> yrs.	
13. Birthplace <u>Woods City Kansas</u> (City or town) (State or foreign country)		19. Birthplace <u>Don Renter Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as \_\_\_\_\_  
(Mother, etc.)

25. Attendant's \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
OWN signature \_\_\_\_\_ Midwife \_\_\_\_\_

## AFFIDAVIT

State of \_\_\_\_\_ ss.  
County of \_\_\_\_\_

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that I have forgotten who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Leah L Harris Signature  
Rockport Wm of City High Address

Subscribed and sworn to before me this 31st day of August, 1943.

(SEAL) J M Hunt Notary Public, residing at Meridian Rockport-Nash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1943 by Mabel H. Elder Registrar.

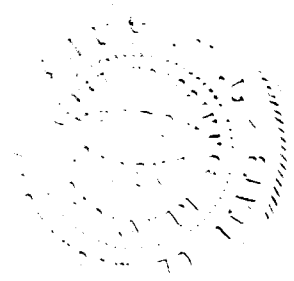
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SEP 27 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



163-106 036-295

378838

378838

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Oneida</u>	(b) City <u>Franklin</u>	(a) State <u>Idaho</u>	(b) County <u>Oneida</u>
(c) Street Address or R.F.D. No. <u>Rural Route</u>		(c) City <u>Franklin</u>	
(d) Name of Hospital or Maternity Home: <u>Home of Mother, Franklin, Idaho</u>		(d) Street Address or R.F.D. No. <u>rural route</u>	
(e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years <u>5</u> months <u>?</u> days		(e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>John Harry Binnington Jolley</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 6, 1897</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Rutledge Jolley</u>		16. FULL MAIDEN NAME <u>Ann Blackburn Binnington</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>27</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Crissmonville, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>St. Louis, Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of California } ss.  
County of San Bernardino }

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 69 years of age, that I have known this person for all his life years, and that  
unknown (First name) Sawks (Last name), who attended this birth now deceased, further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

HARRY L. ALLISON, COUNTY CLERK

Subscribed and sworn to before me this None day of June, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Ann Blackburn Binnington Jolley  
839-10th St. Aug. 30-1943 P. O. Address  
San Bernardino Calif.  
Van Burens  
Calif.

Notary Public, residing at  
Calif.

Received for filing on OCT 9 - 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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OCT 6 190

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

284 223 021 299

378967

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .....		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida (now Franklin)</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>63</u> yrs.	
(e) Mothers stay BEFORE delivery: In THIS county <u>17</u> years <u>5</u> months <u>10</u> days		3. RESIDENCE OF FATHER (city, state) <u>Deceased</u>	
4. FULL NAME OF CHILD <u>AMANDA ANN SHUMWAY</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 23, 1897</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Henry Shumway</u>	16. FULL MAIDEN NAME <u>Edith Kirby</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>27</u> yrs.	18. Age at time of THIS birth <u>19</u> yrs.		
13. Birthplace <u>Mendon</u> (City or town)	19. Birthplace <u>Hyde Park</u> (City or town)		
	(State or foreign country) <u>Utah</u>		
14. Exact Occupation <u>Farmer (now deceased)</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		
22. Name prophylactic used to prevent Ophthalmia Neonatorum .....			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Address Date  
Baunrock Midwife

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 65 years of age, that I have known this person for 46 years, and that  
Mrs. Joshua Hawks who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Edith Kirby Shumway Signature  
McCammon Idaho P. O. Address

Subscribed and sworn to before me this 4th day of October, 1943  
(SEAL) J. F. Whitney Notary Public, residing at McCammon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1943 by Mabel H. H. Registrar.



1943 OCT 8 100

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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469-223007-619

379038

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Soldier  
(c) Street Address or R.F.D. No. (Now Camas Co.)  
(d) Name of Hospital or Maternity Home: At home  
(e) Mother's stay **BEFORE** delivery: IN THIS county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Soldier  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier, Id

4. **FULL NAME OF CHILD** Helen May Morrell  
5. Date of Birth of Child 9-23-1897  
(Month, day, year) 9-23-1897  
6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Sig Morrell  
11. Color or Race White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Springfield, Ill.  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Fannie Waring  
17. Color or Race White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Oakland, California  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }  
County of Cassia } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 46 years, and that Rose Waring, who attended this birth Is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie C. Morrell Signature  
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1943.  
(SEAL) John Lewis Notary Public, residing at Burley, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by John Lewis, Registrar.

OCT 15 1943

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-222004 386

380385

380385

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bloomington</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>30</u> years <u>5</u> months <u>14</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Bloomington</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>Life</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Zina Adelia Patterson</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Bloomington, Ida.</u> 5. Date of Birth of Child _____ (Month, day, year) <u>August 22-1847</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9 mos</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Edward McGregor Patterson</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>56</u> yrs. <b>13. Birthplace</b> <u>Northumberland, England</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer-Carpenter</u> <b>15. Industry or Business</b> <u>Farming-Self, Carpentering</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Sarah Thompson</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs. <b>19. Birthplace</b> <u>Bloomington, Idaho</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as \_\_\_\_\_  
(Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address Date**  
Midwife \_\_\_\_\_

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 46 years, and that Mary Patterson, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Ward Signature  
Provo, Utah P. O. Address

Subscribed and sworn to before me this 16th day of October, 191943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho, §§ 38-300, 38-301, 38-302, 38-303, 38-304, 38-305, 38-306, 38-307, 38-308, 38-309, 38-310, 38-311, 38-312, 38-313, 38-314, 38-315, 38-316, 38-317, 38-318, 38-319, 38-320, 38-321, 38-322, 38-323, 38-324, 38-325, 38-326, 38-327, 38-328, 38-329, 38-330, 38-331, 38-332, 38-333, 38-334, 38-335, 38-336, 38-337, 38-338, 38-339, 38-340, 38-341, 38-342, 38-343, 38-344, 38-345, 38-346, 38-347, 38-348, 38-349, 38-350, 38-351, 38-352, 38-353, 38-354, 38-355, 38-356, 38-357, 38-358, 38-359, 38-360, 38-361, 38-362, 38-363, 38-364, 38-365, 38-366, 38-367, 38-368, 38-369, 38-370, 38-371, 38-372, 38-373, 38-374, 38-375, 38-376, 38-377, 38-378, 38-379, 38-380, 38-381, 38-382, 38-383, 38-384, 38-385, 38-386, 38-387, 38-388, 38-389, 38-390, 38-391, 38-392, 38-393, 38-394, 38-395, 38-396, 38-397, 38-398, 38-399, 38-400, 38-401, 38-402, 38-403, 38-404, 38-405, 38-406, 38-407, 38-408, 38-409, 38-410, 38-411, 38-412, 38-413, 38-414, 38-415, 38-416, 38-417, 38-418, 38-419, 38-420, 38-421, 38-422, 38-423, 38-424, 38-425, 38-426, 38-427, 38-428, 38-429, 38-430, 38-431, 38-432, 38-433, 38-434, 38-435, 38-436, 38-437, 38-438, 38-439, 38-440, 38-441, 38-442, 38-443, 38-444, 38-445, 38-446, 38-447, 38-448, 38-449, 38-450, 38-451, 38-452, 38-453, 38-454, 38-455, 38-456, 38-457, 38-458, 38-459, 38-460, 38-461, 38-462, 38-463, 38-464, 38-465, 38-466, 38-467, 38-468, 38-469, 38-470, 38-471, 38-472, 38-473, 38-474, 38-475, 38-476, 38-477, 38-478, 38-479, 38-480, 38-481, 38-482, 38-483, 38-484, 38-485, 38-486, 38-487, 38-488, 38-489, 38-490, 38-491, 38-492, 38-493, 38-494, 38-495, 38-496, 38-497, 38-498, 38-499, 38-500, 38-501, 38-502, 38-503, 38-504, 38-505, 38-506, 38-507, 38-508, 38-509, 38-510, 38-511, 38-512, 38-513, 38-514, 38-515, 38-516, 38-517, 38-518, 38-519, 38-520, 38-521, 38-522, 38-523, 38-524, 38-525, 38-526, 38-527, 38-528, 38-529, 38-530, 38-531, 38-532, 38-533, 38-534, 38-535, 38-536, 38-537, 38-538, 38-539, 38-540, 38-541, 38-542, 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OCT 28 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-202022-5531

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File **380402**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County **FREMONT** (b) City **REXBURG**  
(c) Street Address or R.F.D. No. **✓**  
(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County .....  
(c) City **REXBURG**  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? **30** yrs.

## 3. RESIDENCE OF FATHER (city, state)

**50**

## 4. FULL NAME OF CHILD

**Flora Blackburn**

## 5. Date of Birth of Child

(Month, day, year) **NOV 2, 1897**

## 6. Sex

**female**

7. Twin or  
Triplet

If so—born  
1st, 2nd, 3rd

8. No. months  
of Pregnancy

**9**

9. Legitimate? **yes**

## FATHER OF CHILD

## 10. FULL NAME

**ALFRED LAMB BLACKBURN**

11. Color  
or Race

**WHITE**

12. Age at time  
of THIS birth

**43** yrs.

13. Birthplace

(City or town)

**ENGLAND**

14. Exact  
Occupation

**FACTORY WORKER**

15. Industry or  
Business

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

**MARY JANE ENTWISTLE**

17. Color  
or Race

**WHITE**

18. Age at time  
of THIS birth

**32** yrs.

19. Birthplace

(City or town)

**ENGLAND**

20. Exact  
Occupation

21. Industry or  
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **7**

(b) Born alive and now living **8**

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)

who is related as.....  
(Mother, etc.)

25. Attendant's  
OWN signature

M.D.  
Midwife

Address

Date

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **BROTHER** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **50** years of age, that I have known this person for **45** years, and that

**Mrs Wally** (First name) **Blackburn** (Last name), who attended this birth **DECEASED** I further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this **16<sup>th</sup>** day of **October**, 19**47**

(SEAL)

**Randolph Billington** Notary Public, residing at **441 E. Idaho St.**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **My Comm. Expires 1948**

Received for filing on **NOV 25 1947** by **Walter F. Elder**, Registrar.

OCT 27 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389-227003 389

United States (Be sure the information is as of date of birth of THIS child) State File No. 380580  
Department of Commerce CERTIFICATE OF BIRTH  
Bureau of the Census STATE OF IDAHO Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bannock (b) City Garden Creek  
(c) Street Address or R.F.D. No. Oneida  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mother's stay BEFORE delivery: \_\_\_\_\_  
IN THIS county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Garden Creek  
(d) Street Address or R.F.D. No. Oneida  
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho garden creek

4. FULL NAME OF CHILD Imeneva Ann Christensen 5. Date of Birth of Child (Month, day, year) Aug 27 1897

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mads Christensen 16. FULL MAIDEN NAME Ann Margaret Christensen  
11. Color White 12. Age at time of THIS birth 72 yrs. 17. Color White 18. Age at time of THIS birth 40 yrs.  
13. Birthplace Blands Denmark (City or town) (State or foreign country) 19. Birthplace Copenhagen Denmark (City or town) (State or foreign country)  
14. Exact Occupation Farming & Carpenter 20. Exact Occupation Housewife  
15. Industry or Business \_\_\_\_\_ 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss. \_\_\_\_\_  
County of Bannock } \_\_\_\_\_

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 60 years, and that Nancy Marley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olson M. Christensen Signature  
Sumner R. D. #1 P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me this 25 day of September, 1943  
(SEAL) James Brough Notary Public, residing at Sumner Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mary H. Brough, Registrar.

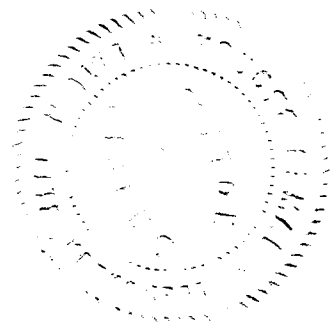


NOV 8 1937

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-224003-291

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **382083**

Local Reg. No. ....

Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Bannock (b) City Pocatello

(c) Street Address or R.F.D. No. ....

(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county      years      months      days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State. .... (b) County. ....

(c) City. ....

(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**

Blanche Stoker

6. Sex Female

7. Twin or  
Triplet ---

If so—born  
1st, 2nd, 3rd ---

8. No. months  
of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth of Child  
(Month, day, year) May 24, 1897

**FATHER OF CHILD**

10. **FULL NAME** Alfred Stoker

11. Color or Race White 12. Age at time of THIS birth 37 yrs.

13. Birthplace England  
(City or town) (State or foreign country)

14. Exact Occupation Upholster, Railroad

15. Industry or Business Railroad

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elizabeth Branson

17. Color or Race White 18. Age at time of THIS birth 33 yrs.

19. Birthplace England  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)

who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Utah } ss.  
County of Weber

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the person of the ~~person~~ whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 46 years of age, that I have known this person for 46 years, and that

do not know who attended this birth. I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Mrs. Blanche Stoker Thurston Signature

1920-Grant Ave., Ogden, Utah P. O. Address

Subscribed and sworn to before me this 19th day of December, 1943

(SEAL)

Notary Public, residing at Ogden, Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Jan. 20, 1946

Received for filing on ..... by ..... Registrar.

DEC 18 1943

APR 15 1987

DEC 21 1949

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-210-022-154

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **382091**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Fremont** (b) City **Rexburg**  
(c) Street Address or R.F.D. No. **none**  
(d) Name of Hospital or Maternity Home: **private home**  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county **15** years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Fremont**  
(c) City **Rexburg**  
(d) Street Address or R.F.D. No. **none**  
(e) How long has **MOTHER** lived in Idaho? **57** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Rexburg, Idaho**

4. **FULL NAME OF CHILD** **Agnes Farnsworth**
5. Date of Birth of Child  
(Month, day, year) **11, 10, 1897**
6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy **Nine** 9. Legitimate? **Yes**

- FATHER OF CHILD**
10. **FULL NAME** **Albert Stephen Farnsworth**
11. Color or Race **White** 12. Age at time of THIS birth **28** yrs.
13. Birthplace **Beaver** **Utah**  
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Agriculture**
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Mary Alice Anderson**
17. Color or Race **White** 18. Age at time of THIS birth **27** yrs.
19. Birthplace **Smithfield** **Utah**  
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **7**

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's ..... M.D. Address Date  
**OWN** signature Midwife

State of **Idaho**  
County of **Madison** } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **73** years of age, that I have known this person for **46** years, and that  
**Mae Nelson** who attended this birth **Deceased**  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

**Mary Alice Farnsworth** Signature  
**Rexburg, Idaho** P. O. Address

Subscribed and sworn to before me this **8th** day of **December**, 19**43**  
(SEAL) **Daniel Ricks** Notary Public, residing at **Rexburg**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

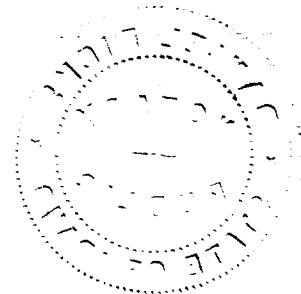
Received for filing on **DEC 18 1943** by **Mae Nelson** Registrar.

DEC 2 1 1943

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-214 030168

383183

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

**JAN 5 1944**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Lemhi (b) City Gibbonsville  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:  
own residence  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Lemhi  
(c) City Gibbonsville  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 3-years yrs.

4. **FULL NAME OF CHILD** Anna Elizabeth Nelson  
6. Sex female  
7. Twin or Triplet ( single ) If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) same  
5. Date of Birth of Child (Month, day, year) March 14, 1897  
8. No. months of Pregnancy nine 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Fred Nelson  
11. Color or Race white 12. Age at time of THIS birth 39 yrs.  
13. Birthplace Sweeden (City or town) (State or foreign country)  
14. Exact Occupation miner  
15. Industry or Business same

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Emila Johnson  
17. Color or Race white 18. Age at time of THIS birth 18 yrs.  
19. Birthplace Sweeden (City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of Birth and including this child one (b) Born alive and now living.....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
who is related as mother- father- other older relatives ( deceased ) (First name) (Last name)  
(Mother, etc.)  
25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Washington  
County of Lewis } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the close friend of the person whose name appears in Item 4,  
above, that I am now 76 years of age, that I have known this person for 46 years, and that  
Emila Nelson (mother) (First name) (Last name), who attended this birth is now deceased I further  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Sam D James Signature  
Rochester wash P. O. Address

Subscribed and sworn to before me this 28th day of December, 1943.  
(SEAL) Maud E Edwards Notary Public, residing at Centrellia,  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1944 by Mabel Holder Registrar.

JAN 6 1911

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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256-112035818

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **383258**  
Local Reg. No. ....  
Reg. Dist. No. ....

**JAN 10 1943**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Nezperce</u> (b) City <u>Waha</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>Yes</u> <b>IN THIS county</b> <u>1</u> years <u>6</u> months <u></u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nezperce</u> (c) City <u>Waha</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>5</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>George Joseph Knopes</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Waha Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Feb 12 1897</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Harry Knopes</u>		<b>16. FULL MAIDEN NAME</b> <u>Mary Haver</u>	
11. Color <u>White</u>	12. Age at time of THIS birth <u>31</u> yrs.	17. Color <u>White</u>	18. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Hopseheid Luxembourg</u> (City or town) (State or foreign country)		19. Birthplace <u>Pfalzgrafenweiler Germany</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Stock farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of California } ss.  
County of San Diego }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....aunt.....of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 46 years, and that Harry Knopes (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires August 19, 1946,  
Subscribed and sworn to before me this.....day of December 1943  
(SEAL) Christiana Koschel Signature  
Encinitas Calif. P. O. Address  
Notary Public, residing at Encinitas Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1944 by Mary Haver Registrar.



JAN 11 1944

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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168 714 006 959

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **383301**  
Local Reg. No. ....  
Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham  
(c) City Blackfoot  
(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 57 yrs.

## 3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

## 4. FULL NAME OF CHILD Kenneth Keith John

5. Date of Birth of Child  
(Month, day, year) Sept. 14, 1943

6. Sex male 7. Twin or Triplet no—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

### FATHER OF CHILD

10. FULL NAME Thomas John  
11. Color or Race white 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Portage Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business .....

### MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Jvie  
17. Color or Race white 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Scipio Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum: .....

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living yes

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Idaho  
County of Barrocks ss.

### AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 71 years of age, that I have known this person for 46 years, and that  
Hanner Jvie  
(First name) (Last name)  
who attended this birth deceased I further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Signature Alice Jvie  
P. O. Address Rava Hot Springs, Idaho

Subscribed and sworn to before me this 23rd day of December, 1943.

(SEAL)

20 Kasis Ka Notary Public, residing at Rava Hot Springs Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

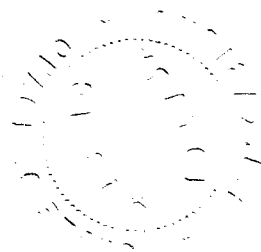
Received for filing on JAN 7 1944 by Mabel Helder Registrar.

JAN 1 2 1944

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993 124036741

United States  
Department of Commerce  
Bureau of the Census

JAN 17 1944

Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 383384  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Malad  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
At my own home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Malad  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? All my life yrs.

4. **FULL NAME OF CHILD** Fredrick A. Richards  
5. Date of Birth of Child (Month, day, year) 12-24-1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>Fredrick James Richards</u>	16. <b>FULL MAIDEN NAME</b> <u>Sarah Jane Adams</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>24</u> yrs.
11. Birthplace <u>Malad, Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Malad, Idaho</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>Homemaking</u>
12. Age at time of THIS birth <u>28</u> yrs.			
13. Exact Occupation <u>Blacksmith</u>			
14. Industry or Business <u>Blacksmithing</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Oneida Idaho } ss.  
County of Oneida

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 46 years, and that Mrs. Mary Ann Adams who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah J. Richards Signature  
Box 333, Malad, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1944.  
(SEAL) Bill Haller Probate Judge  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by Malad Holder, Registrar.

JAN 28 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-115022 483

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

394530  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County FREMONT (b) City PARKER  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: IN HOME  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 3 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County FREMONT  
(c) City PARKER  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD** WILEY M. HARMON  
7. Twin or Triplet If so—born 1st, 2nd, 3rd  
6. Sex MALE

5. Date of Birth of Child (Month, day, year) APR. 15-1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

10. **FATHER OF CHILD**  
**FULL NAME** HENRY MARTIN HARMON  
11. Color or Race WHITE 12. Age at time of THIS birth 38 yrs.  
13. Birthplace CLARKSTON UTAH  
(City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business

16. **MOTHER OF CHILD**  
**FULL MAIDEN NAME** MARGARET LOVINA MYLER  
17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.  
19. Birthplace CLARKSTON UTAH  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

**ATTENDANT'S CERTIFICATE**  
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
and at the place stated above, and that personal particulars were furnished by .....  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4,  
above, that I am now 56 years of age, that I have known this person for SINCE BIRTH years, and that  
Mrs. PARKER who attended this birth NOW DECEASED I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.  
Arthur O Harmon Signature  
Hagerman Idaho P. O. Address  
Subscribed and sworn to before me this 3rd day of February, 1944.  
(SEAL) Notary Public Notary Public, residing at Hagerman Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

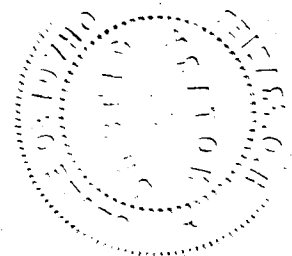
Received for filing on FEB 4 1944 by Mabel Helder Registrar.

FEB 4 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



384631

493-229 001 659

United States  
Department of Commerce  
Bureau of the Census

FEB

The information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mothers stay **BEFORE** delivery: Boise  
In **THIS** county 20 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County.....  
(c) City Boise  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho?..... yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Lucile Agnes Dickinson 5. Date of Birth of Child Jan 29, 1897  
(Month, day, year)

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

## FATHER OF CHILD

10. **FULL NAME** Richard Augustine Dickinson  
11. Color or Race white 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation letter carrier  
15. Industry or Business

## MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Edith Ferrell  
17. Color or Race White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of California  
County of San Francisco

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 47 years of age, that I have known this person for 47 years, and that  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Richard Augustine Dickinson  
1347 Laguna St. San Francisco, Calif. O. Address

Subscribed and sworn to before me this 5th day of February, 19 44  
(SEAL) Richard Anderson Notary Public, residing at San Francisco  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1944 by Mabel H. Elden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



1914 FEB 6 838

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure that information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 384666  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County CANYON (b) City Emmett  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
IN THIS county 24 years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County CANYON  
(c) City Emmett  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 24 yrs.
3. RESIDENCE OF FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD Nellie Hester Riggs  
5. Date of Birth of Child (Month, day, year) July 25 1897  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD  
10. FULL NAME Boise Riggs  
11. Color White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Boise, Idaho (City or town) (State or foreign country)  
14. Exact Occupation FARMER  
15. Industry or Business
- MOTHER OF CHILD  
16. FULL MAIDEN NAME CLARA ALICE JACKSON  
17. Color White 18. Age at time of THIS birth 30 yrs.  
19. Birthplace PAISI, MISSOURI (City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date  
State of Idaho County of Emmett ss.  
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that M. Lutz who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara A Riggs Signature  
Emmett, Idaho P. O. Address  
Subscribed and sworn to before me this 10th day of July, 1944  
(SEAL) J. J. J. J. J. Notary Public, residing at Emmett, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by Mabel H. H. Registrar.

JUN 1 1956

FEB 14 1944

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-115-243-442

385919

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Valley (b) City Alpha  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 9 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Valley  
(c) City Alpha  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Alpha, Idaho

4. **FULL NAME OF CHILD** William Bacon Moore  
5. Date of Birth of Child (Month, day, year) Apr. 15, 1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Gilbert Motier Moore  
11. Color White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Linus, Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business
- MOTHER OF CHILD** Musgrave
16. **FULL MAIDEN NAME** Florence Virginia  
17. Color White 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Charleston, W. Virginia  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Oregon Midwife

State of Oregon } ss.  
County of Multnomah

### AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 72 years of age, that I have known this person for 46 years, and that

Mrs. Graham-Douglas McDonald who attended this birth is now deceased. I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Florence Virginia Moore Signature  
223 SE 81st Ave., Portland, Oregon Address

Subscribed and sworn to before me this 25th day of February 1944  
(SEAL) Harry Alderton Notary Public for Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated Commission Expires Jan. 9, 1948

Received for filing on MAR 1 - 1944 by Mabel Helder Registrar.

MAR 6 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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619-201-207-235

386008

United States (Be sure the information is as of date of birth of THIS child) State File No.  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of Census MAR 6 1944 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. 700 Blk N. Harrison  
(d) Name of Hospital or Maternity Home:  
none  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home 00 days.  
IN THIS county        years        month        days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. 700 Blk N. Harrison  
(e) How long has MOTHER lived in Idaho?        yrs.  
(f) Mother's mailing address       

4. FULL NAME OF CHILD Lelia Aliene Ward 5. Date of Birth (Month, day year) January 1, 1897  
6. Sex Female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd        8. No. months of Pregnancy norm 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Samuel S Ward  
11. Color White 12. Age at time of THIS birth 42 yrs.  
13. Birthplace New Kent County, Delaware  
(City or town) (State or foreign country)  
14. Exact Occupation Coach Painter, Oregon Short  
15. Industry or Business Line Railroad Company

MOTHER OF CHILD  
16. FULL MAIDEN NAME Elizabeth Stewart  
17. Color White 18. Age at time of THIS birth 37 yrs.  
19. Birthplace Parowan Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum         
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3  
(c) Born alive and now dead 3 (d) Stillborn       

24. I HEREBY CERTIFY That I attended the birth of this child, who was        at        M. on the date         
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by       , who is related to this child as        (Mother, etc.)  
(First name) (Last name)

26. (a) MAR 8 - 1944 (b)         
(Date received) (Registrar's signature)  
27. Given name added on        by         
(Registrar's signature)

25. Attendant's OWN signature        M.D.         
(D.O., Midwife, etc.)  
and address        Date       

State of Idaho  
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lydia Shilling, being first duly sworn, say that I am acquainted with  
(Related to (or) acquainted with)  
Lelia Aliene Ward, (now Mrs. John Q. Swain) as life long friend, whose birth certificate  
(Name of person on certificate above) (State relationship or acquaintance)  
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle, who attended  
(Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Lydia Shilling Signature  
925 West Center Street, Pocatello, Idaho P. O. Address  
Subscribed and sworn to before me on this 17th day of February, 1944  
(SEAL) Ray L. Black Notary Public, residing at Pocatello, Idaho

### **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

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442-324035-613

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **386121**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Nezperce (b) City on farm  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county        years 2 months 4 days

**4. FULL NAME OF CHILD** Ruth Mildred Mustoe

**6. Sex** Female **7. Twin or Triplet**        **If so—born**        **1st, 2nd, 3rd**       

**FATHER OF CHILD**

**10. FULL NAME** Albert Mustoe

**11. Color or Race** white **12. Age at time of THIS birth** 22 yrs.

**13. Birthplace** on farm Adaair County Mo.  
(City or town) (State or foreign country)

**14. Exact Occupation** farmer

**15. Industry or Business**       

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nezperce  
(c) City on farm

(d) Street Address or R.F.D. No. ....

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

**3. RESIDENCE OF FATHER** (city, state) on farm Nezperce Co. Idaho

**5. Date of Birth of Child**  
(Month, day, year) 5-24-1897

**8. No. months of Pregnancy** 9 **9. Legitimate?** yes

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Anna Ibena Walker

**17. Color or Race** white **18. Age at time of THIS birth** 21 yrs.

**19. Birthplace** Toronto Kansas  
(City or town) (State or foreign country)

**20. Exact Occupation** House maid Wife

**21. Industry or Business** Making a home for her husband

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**       

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born alive at 6: A.M. on the date         
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by        (First name)        (Last name)

who is related as        (Mother, etc.)

**25. Attendant's OWN signature** Idaho **M.D.**        **Address**        **Date**         
       **Midwife**       

State of Idaho } ss.  
County of Nezperce }

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 68 years of age, that I have known this person for 46 years, and that

Mr. Holliday who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 18 day of February, 1944.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1944 by        Registrar.

**CLERK OF THE DISTRICT COURT AND EX OFFICIO AUDITOR AND RECORDER**

Albert Mustoe Signature

R 73- Lewiston Idaho P. O. Address

February 1944

       Notary Public, residing at Lewiston Idaho



MAR 16 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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145-110-081-168

386123

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth) **Rural**  
(a) County **Ada** (b) City **Near Meridian**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mothers stay **BEFORE** delivery: **about two years**  
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Ada**  
(c) City **Near Meridian**  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? **about 50** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Idaho**

4. **FULL NAME OF CHILD** **John Cecil Jones**

5. Date of Birth of Child **Aug. 10, 1897**  
(Month, day, year)

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b>	<b>Franklin Catlet Jones</b>	16. <b>FULL MAIDEN NAME</b>	<b>Ella Johnson</b>
11. Color or Race <b>White</b>	12. Age at time of THIS birth <b>35</b> yrs.	17. Color or Race <b>White</b>	18. Age at time of THIS birth <b>33</b> yrs.
13. Birthplace <b>near Delhi, Illinois</b> (City or town) (State or foreign country)		19. Birthplace <b>Near Scottville, Ill.</b> (City or town) (State or foreign country)	
14. Exact Occupation <b>Farmer</b>		20. Exact Occupation <b>Housekeeper</b>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum: .....

23. Number of children of this mother: (a) At time of birth and including this child **7th** (b) Born alive and now living **4**

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **A** M. on the date **Aug. 10, 1897** and at the place stated above, and that personal particulars were furnished by **I am the mother** of this child, **John Cecil Jones** (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of **Idaho** } ss. **AFFIDAVIT**  
County of **Canyon** (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **79** years of age, that I have known this person for **46 1/2** years, and that **Dr. Compton of Meridian** is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Mrs Ella Jones Bay** Signature  
**Caldwell, R.2, Idaho** P. O. Address

Subscribed and sworn to before me this **9th** day of **March**, 19**44**

(SEAL) **Julia Kress** Notary Public, residing at **Caldwell, Ida**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **NOV 13 1944** by **Mabel H. Elder** Registrar.

MAR 16 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955-123003-168

387348

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

## CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Lava Hot Springs  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Lava Hot Springs  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? about 8 yrs.

4. **FULL NAME OF CHILD** Warry Leslie Reese  
7. win or Triplets If so—born 1st, 2nd, 3rd  
6. Sex male  
5. Date of Birth of Child (Month, day, year) May 23, 1897  
8. No. months of Pregnancy  
9. Legitimate? yes

- FATHER OF CHILD**  
10. **FULL NAME** Noah Reese  
11. Color or Race white 12. Age at time of THIS birth yrs.  
13. Birthplace Pembroke shire, South Wales  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Elizabeth John  
17. Color or Race white 18. Age at time of THIS birth yrs.  
19. Birthplace Wellsville, Cache County, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9 a M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Dr. M. Williams  
who is related as Attender (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Dashi John M.D. Address Lava Hot Springs Date 3-27-44  
Midwife

- State of Idaho ss.  
County of Bannock  
**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the attender of the person whose name appears in Item 4,  
above, that I am now 63 years of age, that I have known this person for 44 years, and that

- \_\_\_\_\_, who attended this birth. I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

- \_\_\_\_\_  
Signature  
\_\_\_\_\_  
P. O. Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

(SEAL)

\_\_\_\_\_, Notary Public, residing at \_\_\_\_\_.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1944 by Mabel Holder, Registrar.

MAR 3 1 1944

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

439 202037 295

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

377035  
State File No. **387433**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Orwyhee (b) City Breana  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 9 years 8 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Ida (b) County Orwyhee  
(c) City Breana  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD**

Georgene Beatrice Ulrich

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Breana, Ida

5. Date of Birth of Child (Month, day, year) Nov. 2-1897

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Martin Eugene Ulrich  
11. Color or Race White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Rome, New York (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** May Ella Breeze  
17. Color or Race White 18. Age at time of THIS birth 33 yrs.  
19. Birthplace New York City N.Y. (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing  
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 14

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife X dead

State of Idaho } ss.  
County of Ada

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 80 years of age, that I have known this person for 46 years, and that  
Rachael Goff who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

May Breeze Ulrich Signature  
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of April, 1944  
(SEAL) Alice O. Raby Notary Public, residing at Boise, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by..... Registrar.

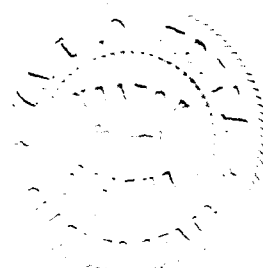
APR 19 1944

APR 10 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

27-13-007-396

387455

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Farm N. Hailey</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>10</u> years <u>9</u> months <u>  </u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Farm North of Hailey</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>10 1/2</u> yrs.
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Hailey, Idaho</u>		

<b>4. FULL NAME OF CHILD</b> <u>Andrew Leonard Knight</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>January 31</u>
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>  </u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>Yes</u> <u>1897</u>

**FATHER OF CHILD**

<b>10. FULL NAME</b> <u>George H. Knight</u>
<b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>39</u> yrs.
<b>13. Birthplace</b> <u>Macon County, Missouri</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Farmer</u>
<b>15. Industry or Business</b> .....

**MOTHER OF CHILD**

<b>16. FULL MAIDEN NAME</b> <u>Flora Barbara Troeger</u>
<b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>27</u> yrs.
<b>19. Birthplace</b> <u>Philadelphia, Pennsylvania</u> (City or town) (State or foreign country)
<b>20. Exact Occupation</b> <u>Housewife</u>
<b>21. Industry or Business</b> .....

<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>four</u> (b) Born alive and now living <u>four</u>

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of Idaho  
County of Blaine } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 86 years of age, that I have known this person for since birth years, and that  
....., who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

George H. Knight Signature  
..... P.O. Address  
Subscribed and sworn to before me this 6th day of March, 1944  
(SEAL) Joseph W. Dule Notary Public, residing at Hailey, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 - 1944 by Mabel Helder Registrar.



APR 2 1911

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-127-036 759

387499

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Dayton</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>Born at residence</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>9</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Dayton</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>9</u> years yrs.
<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Dayton Idaho</u>		

<b>4. FULL NAME OF CHILD</b> <u>Edward Fay Morrison</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>July 27, 1897</u>
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>  </u> <b>If so—born</b> 1st, 2nd, 3rd <u>  </u>
<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>Thomas Morrison</u>	<b>16. FULL MAIDEN NAME</b> <u>Margaret Perkins</u>	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>41</u> yrs.
<b>11. Birthplace</b> <u>Silver Creek, Case Co., Iowa</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>North Ogden, Weber Co., Utah</u> (City or town) (State or foreign country)	<b>20. Exact Occupation</b> <u>Farmer</u>	<b>21. Exact Occupation</b> <u>Housewife</u>
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>  </u>	<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>eight</u> (b) Born alive and now living <u>  </u>	<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was <u>  </u> at <u>  </u> M. on the date <u>  </u> and at the place stated above, and that personal particulars were furnished by <u>  </u> (First name) (Last name) who is related as <u>  </u> (Mother, etc.)	<b>25. Attendant's OWN signature</b> <u>  </u> <b>M.D.</b> <u>  </u> <b>Address</b> <u>  </u> <b>Date</b> <u>  </u>

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was    at    M. on the date    and at the place stated above, and that personal particulars were furnished by    (First name) (Last name) who is related as    (Mother, etc.)

25. Attendant's **OWN signature**    **M.D.**    **Address**    **Date**   

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 47 years, and that a Mrs. Chadwick (First name) (Last name) who attended this birth is unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of April, 1944

(SEAL)    Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1944 by    Registrar.

NOV 22 1957

APR 11 1964

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818121 035 915

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387531**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 18 years 7 months 14 days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce  
(c) City Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) How long has **MOTHER** lived in Idaho? 18 + yrs.

## 4. FULL NAME OF CHILD

Austin Allen Haynes

## 5. Date of Birth of Child

(Month, day, year) Aug. 21, 1897

## 6. Sex

M

7. Twin or Triplet

If so—born  
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

## FATHER OF CHILD

## 10. FULL NAME

Koren Lester Haynes

## 11. Color or Race

White

## 12. Age at time of THIS birth

24 yrs.

## 13. Birthplace

Stuart, Iowa

(City or town)

(State or foreign country)

## 14. Exact Occupation

Farmer & Lawyer

## 15. Industry or Business

Farming & Law

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

Abbie Rand

## 17. Color or Race

White

## 18. Age at time of THIS birth

18 + yrs.

## 19. Birthplace

Lewiston, Idaho

(City or town)

(State or foreign country)

## 20. Exact Occupation

Housewife

## 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_

(First name)

(Last name)

who is related as \_\_\_\_\_

(Mother, etc.)

## 25. Attendant's

OWN signature

M.D.

Address

Date

Midwife

State of Idaho } ss.  
County of Nez Perce

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now Sixty Five years of age, that I have known this person for 46 + years, and that

Dr. Chas. C. Phillips who attended this birth Is now deceased I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abbie Rand Haynes.

Signature

1303-10 Ave. Lewiston, Idaho P.O. Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

(SEAL)

(Note: Perjury is punishable as a felony in Idaho, see S.B. 1914, Session Laws, Chapter 139, 1937 Session Laws.)

Received for filing on APR 12 1944 by Mary Helder Registrar.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

967-211 044-336

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **387543**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Bear</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>0</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>21</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Bear</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>21</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>MARY VIVIAN ROBERTSON</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Bear, Idaho</u>	

<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>0</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>ARTHUR VINCENT ROBERTSON</u>	<b>16. FULL MAIDEN NAME</b> <u>ROSE ANN GROSE CLOSE</u>		
<b>11. Color or Race</b> <u>White</u>	<b>17. Color or Race</b> <u>White</u>		
<b>12. Age at time of THIS birth</b> <u>29</u> yrs.	<b>18. Age at time of THIS birth</b> <u>30</u> yrs.		
<b>13. Birthplace</b> <u>Vermont, Canada</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Boulder County, Colorado</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>farming</u>	<b>20. Exact Occupation</b> <u>housewife</u>		
<b>15. Industry or Business</b> .....	<b>21. Industry or Business</b> .....		

**22.** Name prophylactic used to prevent Ophthalmia Neonatorum.....

**23.** Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24.** I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

**25.** Attendant's **OWN** signature..... M.D. Address Date  
Midwife .....

State of Idaho } ss.  
County of Washington }

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 76 years of age, that I have known this person for 47 years, and that  
Mrs. Amy Smith who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Rosa Ann Roberts Signature  
Cambridge, Idaho P. O. Address  
Subscribed and sworn to before me this 10th day of April, 19 44  
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

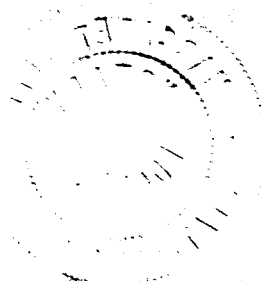
Received for filing on APR 13 1944 by Mabel Elder Registrar.

APR 14 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

415-104025-245

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **387598**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>---</u> (d) Name of Hospital or Maternity Home: <u>---</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>6</u> months <u>---</u> days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>near Grangeville</u> (d) Street Address or R.F.D. No. <u>---</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.
---	---

4. FULL NAME OF CHILD Clarence Ray Davidson 5. Date of Birth of Child (Month, day, year) Jan. 4, 1897

6. Sex Male 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Franklin Davidson</u>	16. FULL MAIDEN NAME <u>Hattie Bunnell</u>	17. Color <u>white</u>	18. Age at time of THIS birth <u>38</u> yrs.
11. Birthplace <u>Kinghill, Missouri</u> (City or town) (State or foreign country)	19. Birthplace <u>Wallowa Co., Oregon</u> (City or town) (State or foreign country)	20. Exact Occupation <u>housewife</u>	21. Industry or Business <u>own home</u>
12. Color <u>white</u>	13. Age at time of THIS birth <u>38</u> yrs.	22. Exact Occupation <u>housewife</u>	23. Industry or Business <u>own home</u>
14. Exact Occupation <u>Blacksmith</u>	15. Industry or Business <u>same</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown if any  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
who is related as.....(First name) (Last name)  
(Mother, etc.)

25. Attendant's signature OWN signature M.D. Address Date  
Midwife

AFFIDAVIT

State of Washington } ss.  
County of Walla Walla }  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4,  
above, that I am now 23 years of age, that I have known this person for 47 years, and that  
don't know who attended this birth cannot be located I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.  
Witnesses to signature by mark: W. H. Davidson Signature  
Walla Walla, Wash. mark P. O. Address  
Subscribed and sworn to before me this 14th day of February, 19 44  
(SEAL) Notary Public, residing at Walla Walla.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mabel K. Elder Registrar.

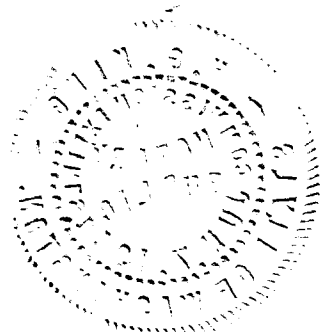


APR 19 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433 113 003715

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

387606  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bannock Co.</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>At family residence</u> (e) Mothers stay <u>BEFORE</u> delivery: In <u>THIS</u> county <u>3</u> years <u>8</u> months <u>3</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>Three</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Charles McTaggart</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Pocatello Idaho</u>	
<b>6. Sex</b> <u>male</u> <b>7. Twin or Triplet</b> <u>No</u> <b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Daniel Baxter McTaggart</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>28</u> yrs. <b>13. Birthplace</b> <u>Grenook Scotland</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Blacksmith</u> <b>15. Industry or Business</b> <u>Blacksmith</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>July 13, 1897</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u> <b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Gannon</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>25</u> yrs. <b>19. Birthplace</b> <u>St. Louis Missouri</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 8 A. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
who is related as ..... (First name) (Last name)  
(Mother, etc.)

**25. Attendant's**  
**OWN signature** M.D. Address Date  
Midwife

State of California  
City of San Francisco } ss.  
County of San Francisco

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, (Mother, etc.)  
above, that I am now 72 years of age, that I have known this person for 46 years, and that  
MRS. MacMILLAN who attended this birth is now deceased. I further (First name) (Last name)  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary McTaggart Signature  
2535 W. Allister St. P.O. Address  
San Francisco, California

Subscribed and sworn to before me this 10th day of April

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mary Miller Registrar.

APR 10 1911

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **388722**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County **Nez Perce** (b) City **Leland**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home **Home house**  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county **2** years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Nez Perce**  
(c) City **Leland**  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? **2** yrs.

**4. FULL NAME OF CHILD**

**Jule Laya Pratt**

**6. Sex** **Female** **7. Twin or Triplet** **—** **If so—born 1st, 2nd, 3rd**

**3. RESIDENCE OF FATHER** (city, state)

**Leland Ida.**

**5. Date of Birth of Child**  
(Month, day, year) **Aug. 27, 1897**

**8. No. months of Pregnancy** **9** **9. Legitimate?** **yes**

**FATHER OF CHILD**

**10. FULL NAME** **Peter Burley Pratt**  
**11. Color or Race** **White** **12. Age at time of THIS birth** **35** yrs.  
**13. Birthplace** **Union City Ind.**  
(City or town) (State or foreign country)  
**14. Exact Occupation** **Farmer**  
**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** **Mary Rosanna Evans**  
**17. Color or Race** **White** **18. Age at time of THIS birth** **23** yrs.  
**19. Birthplace** **Wisconsin**  
(City or town) (State or foreign country)  
**20. Exact Occupation** **Housewife**  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum.** .....  
**23. Number of children of this mother:** (a) At time of birth and including this child **2** (b) Born alive and now living **4**

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D.** ..... **Address** ..... **Date** .....

State of **Idaho** } ss.  
County of **Nez Perce** }

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **83** years of age, that I have known this person for **47** years, and that  
**Dr.** **Watts** who attended this birth **is now deceased** I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

**Peter Burley Pratt** Signature

**2328 8th Ave., Lewiston, Idaho** P.O. Address

Subscribed and sworn to before me this **18th** day of **April**, 19 **44**  
(SEAL) **Leo Mc Carty** Notary Public, residing at **Lewiston, Ida.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 20 1944** by **Mabel Helder** Registrar.

APR 8 1944

MAY 9 1944

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-113-226-366

388733

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County ..... (b) City <u>Lewisville</u> ..... (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>delivered at home</u> ..... (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county ..... years ..... months ..... days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> ..... (c) City <u>Lewisville</u> ..... (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>59</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Orville Lynn Loosli</u> ..... 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... 6. Sex <u>male</u> ..... 8. No. months of Pregnancy <u>9</u> ..... 9. Legitimate? <u>yes</u> .....		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Lewisville Idaho</u> ..... 5. Date of Birth of Child (Month, day, year) <u>April 13, 1897</u> .....	
<b>FATHER OF CHILD</b> 10. FULL NAME <u>Trougat Orlando Loosli</u> ..... 11. Color <u>white</u> or Race ..... 12. Age at time of THIS birth <u>28</u> yrs. .... 13. Birthplace <u>Newton Utah</u> (City or town) (State or foreign country) ..... 14. Exact Occupation <u>Farmer</u> ..... 15. Industry or Business .....		<b>MOTHER OF CHILD</b> 16. FULL MAIDEN NAME <u>Susan Margaret Loosli</u> ..... 17. Color <u>white</u> or Race ..... 18. Age at time of THIS birth <u>29</u> yrs. .... 19. Birthplace <u>Lewisville Idaho</u> (City or town) (State or foreign country) ..... 20. Exact Occupation <u>housewife</u> ..... 21. Industry or Business .....	
22. Name prophylactic used to prevent Ophthalmia Neonatorum .....			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>yes</u> .....			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) .....  
and at the place stated above, and that personal particulars were furnished by .....  
who is related as ..... (Mother, etc.) .....  
25. Attendant's OWN signature Elizabeth Loosli M.D. Address new death Midwife .....

**AFFIDAVIT**

State of Idaho } ss.  
County of Minidoka }  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that Elizabeth Loosli (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  
Susan M. Loosli Stewart Signature  
320 E. 2nd Rupert, Idaho P. O. Address  
Subscribed and sworn to before me this 5th day of April, 19 44.  
(SEAL) A. K. Zieson Notary Public, residing at Rupert,  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

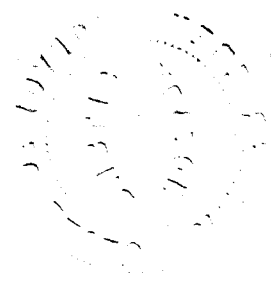
Received for filing on APR 20 1944 by Mabel Helder Registrar.

APR 24 1937

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-106-003-235

388844

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County BANNOCK (b) City MCCAMMON  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
\* (e) Mothers stay **BEFORE** delivery:  
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County BANNOCK  
(c) City MCCAMMON  
(d) Street Address or R.F.D. No. ....  
\* (e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** CLIFFARD LEON BARRON  
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

3. **RESIDENCE OF FATHER** (city, state) MCCAMMON-IDAHO  
5. Date of Birth of Child (Month, day, year) 3-6-1897  
8. No. months of Pregnancy 9 Mo 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** JAMES PATRICK BARRON  
11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.  
13. Birthplace WATERFORD Co. IRELAND  
(City or town) (State or foreign country)  
14. Exact Occupation MAINTENANCE FORMAN.  
15. Industry or Business U-P RAIL ROAD

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** CYNTHIA EMALINE STEWART  
17. Color or Race WHITE 18. Age at time of THIS birth 33 yrs.  
19. Birthplace FARMINGTON UTAH  
(City or town) (State or foreign country)  
20. Exact Occupation HOUSEWIFE  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 5 M. on the date (Born alive, stillborn) Mrs Leo Lewis and at the place stated above, and that personal particulars were furnished by Sister who is related as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss.  
County of Bannock }

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, (Mother, etc.) above, that I am now 32 years of age, that I have known this person for 47 years, and that Dr. C. B. Stealy who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Leo Lewis Signature  
Paralel, Idaho P. O. Address

My Commission Expires Jan. 24, 1948  
Subscribed and sworn to before me this 18 day of April, 19 44  
(SEAL) Shawn Darling Notary Public, residing at Paralel, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

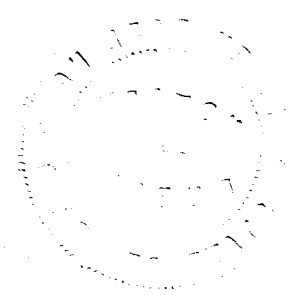
Received for filing on MAY 2 - 1944 by Mary Helder Registrar.



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

997 215004245

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390074**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Bern  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Bern  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

4. **FULL NAME OF CHILD** Della Grace Rigby  
7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
5. Date of Birth of Child (Month, day, year) Feb. 15 1897  
6. Sex Female 8. No. months of Pregnancy  
9. Legitimate? Yes

- FATHER OF CHILD**  
10. **FULL NAME** John Thomas Rigby  
11. Color or Race White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace  Ogden Weber County, Utah   
(City or town) (State or foreign country)  
14. Exact Occupation school teacher  
15. Industry or Business
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Eliza Rebecca Kung  
17. Color or Race White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Bern Bear Lake County, Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation House keeper  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living Yes

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10.45 P.M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by her mother Eliza Rebecca Kung Rigby  
who is related as her mother (First name) (Last name)  
25. Attendant's Eliza Rebecca Kung Rigby (Mother, etc.)  
OWN signature M.D. Address Paris Krunder Date Feb. 18 1899  
Midwife Paris Idaho, Shedd

- State of Utah } ss.  
County of Cache

### AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 68 years of age, that I have known this person for 47 years, and that  
Della Grace Rigby who attended this birth. (First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws. (Is now deceased) or (Cannot be located)

Eliza Rebecca Kung Rigby Signature  
1364 N. 5 E. Logan, Utah P. O. Address

- Subscribed and sworn to before me this 31 day of March, 1944  
Wm. H. H. H. Notary Public, residing at Logan Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1944 by Mabel H. H. Registrar.

450003

MAY 2 9 1944

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

716-128-040-235

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

390139  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Shoshone (b) City Weippe  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: none  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Weippe  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD** John Patrick Gaffney  
5. Date of Birth of Child (Month, day, year) July 28, 1897  
6. Sex male 7. Twin or Triplet    If so—born 1st, 2nd, 3rd     
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Frank Gaffney, Sr  
11. Color Wht 12. Age at time of THIS birth 30 yrs.  
13. Birthplace San Francisco Cal.  
(City or town) (State or foreign country)  
14. Exact Occupation farming  
15. Industry or Business farming

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Belle Steele  
17. Color wht 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Woodbine Kentucky  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business   

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn) .....  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Clearwater }

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 76 years of age, that I have known this person for since birth years, and that  
Bridgett Gaffney who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Belle Gaffney Signature  
P.O. Box 224 Orofino Idaho P.O. Address

Subscribed and sworn to before me this 23 day of May, 1944  
(SEAL) Chas McEachern Notary Public, residing at Orofino  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Maude Elder Registrar.

1908

JUN 1 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

385-107-007-963

390207

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Blaine (b) City Carey  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 30 years, months days

**4. FULL NAME OF CHILD**

Frank Cherry

6. Sex

Male

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

**10. FULL NAME**

James Cherry

11. Color or Race

White

12. Age at time of THIS birth 46 yrs.

13. Birthplace

Colville, Idaho

(City or town) (State or foreign country)

14. Exact Occupation

miner

15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Blaine

(c) City Carey

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 30 yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child

(Month, day, year) May 7, 1897

8. No. months of Pregnancy

9

9. Legitimate?

Yes

**FATHER OF CHILD**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Alice Ralston

17. Color or Race

White

18. Age at time of THIS birth 30 yrs.

19. Birthplace

Colville, Idaho

(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

Idaho

M.D.

Midwife

Address

Date

State of.....  
County of Blaine } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 3-8 years of age, that I have known this person for 47 years, and that

Dr. Emmett, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Spencer Signature  
Carey, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of May 1944

(SEAL)

Carey, Idaho Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1944 by Mabel Fisher Registrar.

SEP 12 1961

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Albion</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Albion</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>10</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Wilford Kimball Phippen</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 23, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> _____
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Wilford F. Phippen</u>		<b>16. FULL MAIDEN NAME</b> <u>Emma Williams</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>28</u> yrs.	<b>17. Color or Race</b> <u>white</u>	<b>18. Age at time of THIS birth</b> <u>27</u> yrs.
<b>13. Birthplace</b> <u>Cedar City Utah</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Brigham City Utah</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>farmer</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Calvin Foss who is related as neighbor  
(Mother, etc.) (First name) (Last name)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**OWN signature** \_\_\_\_\_ **Midwife** \_\_\_\_\_

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the neighbor of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 47 years, and that \_\_\_\_\_, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Calvin Foss Signature  
136 East Cassida P.O. Address

Subscribed and sworn to before me this 10 day of June, 1944  
(SEAL) Notary Public Notary Public, residing at Ruston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)



JUN 1 1914

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



434-217-022-154

391494

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Resburg</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>13</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Resburg</u> (d) Street Address or R.F.D. No..... (e) How long has <b>MOTHER</b> lived in Idaho? <u>13</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Caroline Mc Millan</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Feb 17, 1897</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>6. Sex</b> <u>female</u> <b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Neal W. Mc Millan</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>Scotland</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farming</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Betsy Anderson</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>26</u> yrs. <b>19. Birthplace</b> <u>Bear River City</u> (City or town) (State or foreign country) <u>Utah</u> <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Farming</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> ..... <b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... at..... M. on the date.....  
 (Born alive, stillborn)  
 and at the place stated above, and that personal particulars were furnished by.....  
 (First name) (Last name)  
 who is related as.....  
 (Mother, etc.)

**25. Attendant's**  
**OWN signature**..... **M.D.**..... **Address**..... **Date**.....  
 Midwife.....

## AFFIDAVIT

State of Idaho ss.  
 County of Bannock

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,  
 (Mother, etc.)  
 above, that I am now 74 years of age, that I have known this person for 47 years, and that  
Dr. Cooper, who attended this birth is now deceased further  
 (First name) (Last name) (Is now deceased) or (Cannot be located)  
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
 1937 Session Laws.

Betsy Mc Millan Signature  
Edithen, Alberta, Can. P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1944  
J. A. M. McMillan Notary Public, residing at Fortell, Idaho  
 (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1944 by Mabel H. Linder Registrar.

2001 6 8 NHT

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

385-109-040-815

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State **391578**

Local Reg. No.

Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County *Shoshone* (b) City *Arlegg*  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: *Home*

(e) Mother's stay **BEFORE** delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State *Idaho* (b) County *Shoshone*  
(c) City *Arlegg*  
(d) Street Address or R.F.D. No. *—*

(e) How long has **MOTHER** lived in Idaho? *7-* yrs.

**3. RESIDENCE OF FATHER** (city, state)

**4. FULL NAME OF CHILD** *Eric Raymond Lynch*

6. Sex *male* 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**  
**10. FULL NAME** *Charles Francis Lynch*

11. Color *White* 12. Age at time of THIS birth *33* yrs.

13. Birthplace *New Hampshire*  
(City or town) (State or foreign country)

14. Exact Occupation *Littleton, N. H.*

15. Industry or Business *Mill Right Builder*

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *yes*

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of *California*  
County of *Los Angeles* } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *mother* of the person whose name appears in Item 4, above, that I am now *68* years of age, that I have known this person for *47* years, and that *Dr. Frank Matchette*, who attended this birth *is now deceased*, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this *26th* day of *August* 19*44*  
(SEAL) *Margaret Nielsen* Notary Public, residing at *Inglewood, Calif.*  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

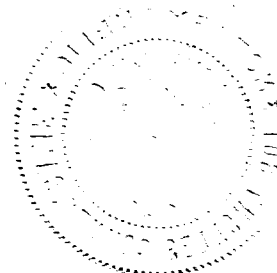
Received for filing on *JUN 30 1944* by *Malcolm R. Bolder*, Registrar.

1911 I I 700

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-211-231-281

391582

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Lewis (b) City Kamiah  
(c) Street Address or R.F.D. No.....  
(d) Name of Hospital or Maternity Home:.....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Deceased  
(d) Street Address or R.F.D. No.....  
(e) How long has **MOTHER** lived in Idaho? 55 yrs.  
3. **RESIDENCE OF FATHER** (city, state) Kooskia Idaho

4. **FULL NAME OF CHILD** Maud Oleta Robinett 5. Date of Birth of Child Dec. 11, 1897  
(Month, day, year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Oliver P. Robinett  
11. Color White 12. Age at time of THIS birth 23 yrs.  
13. Birthplace Brownsville Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Blacksmith  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Anna Shaw  
17. Color White 18. Age at time of THIS birth 18 yrs.  
19. Birthplace Moscow Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Idaho  
County of Idaho } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 69 years of age, that I have known this person for 46 years, and that

Dr. Ware who attended this birth Deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Oliver P. Robinett Signature  
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 26 day of June, 1944.  
(SEAL) [Signature] Notary Public, residing at Kooskia Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1944 by Mabel Holder Registrar.

FEB 16 1968

1961 9 100

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FINES & FEES postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

331-115029-168  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

391586  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Juliaetta</u> (c) <u>Street Address</u> or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ltath</u> (c) City <u>Juliaetta</u> (d) <u>Street Address</u> or R.F.D. No. <u>1</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>55</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Wallace Haynes Napoleon Clark</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 15, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>No.</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Walter Seymore Clark</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>29</u> yrs. <b>13. Birthplace</b> <u>Hopkinsville, Hopkins Co. Kentucky</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farming until death</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mary Lavonia Johnson</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>27</u> yrs. <b>19. Birthplace</b> <u>Harrison, Boone Co. Arkansas</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> <u>Housewife Until death</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as \_\_\_\_\_  
(Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the acquaintance of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 76 years of age, that I have known this person for 40 years, and that  
\_\_\_\_\_, who attended this birth No Attendant. I further  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 29 day of June, 1944.  
(SEAL) Orville Brooks, Notary Public, residing and for the State of Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
425 W. 3rd. Moscow Idaho P. O. Address  
Residing at Moscow, Idaho  
Commission Expires April 22, 1947.

Received for filing on JUL 1 1944 by Notary Public, Registrar.

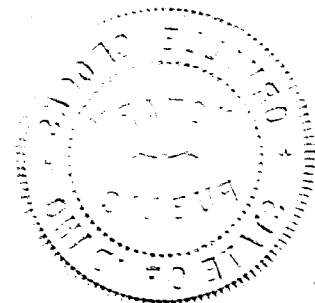


144 8 700  
144 9 700

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-214-214 295

391595

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

- |   |   |
|---|---|
| <p><b>1. PLACE OF BIRTH</b> (All items at time of this birth)</p> <p>(a) County <u>Canyon</u> (b) City <u>Nampa</u></p> <p>(c) Street Address or R.F.D. No. <u>Main Street</u></p> <p>(d) Name of Hospital or Maternity Home: <u>Private Home</u></p> <p>(e) Mother's stay <b>BEFORE</b> delivery:<br/>IN THIS county <u>X</u> years <u>2</u> months <u>15</u> days</p> | <p><b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Canyon</u></p> <p>(c) City <u>Nampa</u></p> <p>(d) Street Address or R.F.D. No. <u>Main Street</u></p> <p>(e) How long has <b>MOTHER</b> lived in Idaho? <u>2 1/2</u> mos. <u>EX</u></p> |
|---|---|

- |  |  |
|--|--|
| <p><b>4. FULL NAME OF CHILD</b> <u>Margaret Louise Hall</u></p> <p><b>6. Sex</b> <u>Female</u></p> | <p><b>5. Date of Birth of Child</b><br/>(Month, day, year) <u>June 14, 1897</u></p> <p><b>7. Twin or Triplet</b> <u>No</u></p> <p><b>8. No. months of Pregnancy</b> <u>9</u></p> <p><b>9. Legitimate?</b> <u>Yes</u></p> |
|--|--|

- |  |  |
|--|--|
| <p><b>FATHER OF CHILD</b></p> <p><b>10. FULL NAME</b> <u>James Hall</u></p> <p><b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>39</u> yrs.</p> <p><b>13. Birthplace</b> <u>Fort Snelling, Minnesota</u><br/>(City or town) (State or foreign country)</p> <p><b>14. Exact Occupation</b> <u>Railway Coal chute Foreman</u></p> <p><b>15. Industry or Business</b> <u>Union Pacific Railway</u></p> | <p><b>MOTHER OF CHILD</b></p> <p><b>16. FULL MAIDEN NAME</b> <u>Rosa Kingsley</u></p> <p><b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>39</u> yrs.</p> <p><b>19. Birthplace</b> <u>Saracuse, New York</u><br/>(City or town) (State or foreign country)</p> <p><b>20. Exact Occupation</b> <u>Housewife</u></p> <p><b>21. Industry or Business</b> <u>None</u></p> |
|--|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** Unknown Sol. of M.F.
- 23. Number of children of this mother:** (a) At time of birth and including this child 9 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was Oliver at                      M. on the date                      (Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by James Hall, who is related to this child as Father (Mother, etc.)

- 25. Attendant's OWN signature** J. H. Murray **M.D.** Midwife **Address** Nampa Ida **Date** July 2, 1944
- State of** Nevada **County of** Washoe } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 47 years, and that Dr. J. H. Murray, who attended this birth, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Hall Lund Signature  
1083 Bell Street, Reno, Nevada. P. O. Address

Subscribed and sworn to before me this 15 day of June 1944  
(SEAL) Edmund C. Clark Notary Public, residing at Reno, Nevada  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 5 1944 by Mabel Elder Registrar.

JUL 6 1944

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 120-036-455

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 392856

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Oneida (b) City Weston  
(c) Street Address or R.F.D. No. non  
(d) Name of Hospital or Maternity Home: non  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 19 years 9 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Ida (b) County Oneida  
(c) City Weston  
(d) Street Address or R.F.D. No. non  
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

4. **FULL NAME OF CHILD** Vernon Eugene Smith  
5. Date of Birth of Child (Month, day, year) Sept 20 9/1897  
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**  
10. **FULL NAME** Thomas allen Smith  
11. Color or Race White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Hamington Utah (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Celia May Dees  
17. Color or Race White 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Weston Idaho (City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living alive

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 A M. on the date (Born alive, stillborn) Celia May Smith and at the place stated above, and that personal particulars were furnished by Celia May Smith (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

- State of Idaho } ss.  
County of Twy Falls

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Baletta Jensen (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Celia May Smith Signature  
23 T Jackson St P. O. Address

- Subscribed and sworn to before me this 19 day of September, 1943  
(SEAL) Ed Bailey Robert J. J. Notary Public, residing at 200 Falls Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1944 by Marj Helder Registrar.

1461 8 2 7MP

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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2147157-008-316

392948

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Boise (b) City Sweet  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: ....  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County ....  
(c) City Sweet  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 2 1/2 months yrs.

4. **FULL NAME OF CHILD** Frederick Lindsay Badley  
5. Date of Birth of Child (Month, day, year) 7, 27, 1927  
6. Sex Male 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** William Lindsay Badley  
11. Color or Race White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Marburg Iowa (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Effie Ophelia Laws  
17. Color or Race White 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Wells Minnesota (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife

State of Oregon } ss.  
County of Jackson

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Mrs Effie O Badley who attended this birth alone I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Effie O Badley Signature  
Glad Hill P.O. Address

Subscribed and sworn to before me this 28th day of July, 1927.  
(SEAL) Francis Kelly Notary Public, residing at Reggie River, Ore.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

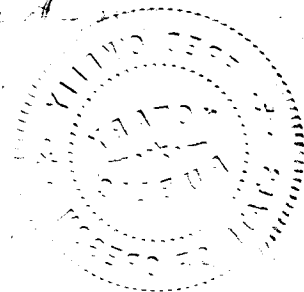
Received for filing on AUG 1 1944 by My Commission Expires 17, 1946 Registrar.

1944 AUG 3

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Tremont (b) City Town of Wilford  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Family Residence  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years 3 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Tremont  
(c) City St. Anthony  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mabel Marcia McOmber  
5. Date of Birth of Child (Month, day, year) 7th July 1897
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy nine 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Charles Orange McOmber  
11. Color or Race white 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Bountiful Utah (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Josephine Ellen Hansen  
17. Color or Race white 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Hyrum Utah (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Montana } ss.  
County of Cascade

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 70 years of age, that I have known this person for 47 years, and that  
Mrs. Johnson who attended this birth deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Josephine McOmber Signature  
Rt. 2, Great Falls, Montana. P. O. Address

Subscribed and sworn to before me this 21st day of June 1944  
(SEAL) Notary Public for the State of Montana  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code.)  
Residing at Great Falls, Montana  
Great Falls, Montana.

Received for filing on AUG 12 1944 by Mabel Helder Registrar.



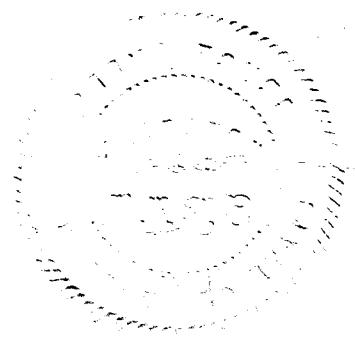
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AUG 15 1911

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-517.054-856  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

394323  
State File No.  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. R.F.D.  
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No. R.F.D.  
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

5. Date of Birth of Child  
(Month, day, year) July 17, 1897

4. **FULL NAME OF CHILD** Nellie Lois Roberts

6. Sex fem. 7. Twin or Triplet No If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** William Louis Roberts  
11. Color or Race white 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Tennessee  
(City or town) (State or foreign country)  
14. Exact Occupation sheep herder  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Eliza Dorothy Hewitt  
17. Color or Race white 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Kansas  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
who is related as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Iowa } ss.  
County of Appanoose

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,  
above, that I am now 81 years of age, that I have known this person for 46 years, and that  
(First name) (Last name)  
Dr. Shirley who attended this birth is now deceased I further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 21 day of July, 1944.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Numa, Appanoose County, Iowa Signature  
P.O. Address

Received for filing on.....by....., Registrar.

AUG 21 1944

1901 5 2 DNV

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

517-230-40-25

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **394328**

Local Reg. No. ....

Reg. Dist. No. ....

1. PLACE OF BIRTH (At time of this birth) (a) County <u>Shoshone</u> (b) City <u>Kareake</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: .... (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Kareake</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>7 years</u> yrs.	
4. FULL NAME OF CHILD <u>Gertrude Dorothea Eppinger</u>		5. Date of Birth of Child <u>Jan 30, 1897</u> (Month, day, year)	
6. Sex <u>Female</u> 7. Twin or Triplet		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <input checked="" type="checkbox"/>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Fred Wilhelm Eppinger</u>		16. FULL MAIDEN NAME <u>Marie Seebafer</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>46</u> yrs.		18. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace <u>Danzig, Germany</u> (City or town) (State or foreign country)		19. Birthplace <u>Schneidemulle, Germany</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Carpenter</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature ..... M.D. Address Date  
Midwife

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 55 years of age, that I have known this person for 47 years, and that  
Mrs. Somers, who attended this birth Deceased, I further  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 20th day of August, 1944.  
(SEAL) Agnes Kelland Notary Public, residing at Seattle  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Helder, Registrar.

AUG 21 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

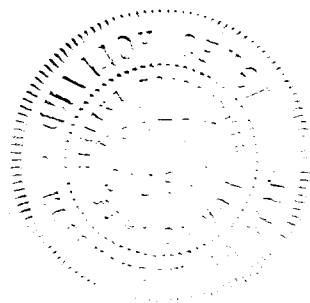
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AUG 9 8 AM

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

284-226-222-249

United States (Be sure the information is as of date of birth of THIS child.) State File No. **394380**

Department of Commerce *now jefferson* **CERTIFICATE OF BIRTH** Local Reg. No. ....

Bureau of the Census **STATE OF IDAHO** Reg. Dist. No. ....

1. <b>PLACE OF BIRTH</b> (All items at time of this birth) (a) County <i>Premont</i> (b) City <i>Lewisville</i> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <i>at home</i> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <i>13</i> years months days	2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <i>Idaho</i> (b) County <i>Jefferson</i> (c) City <i>Lewisville</i> (d) Street Address or R.F.D. No. .... (e) How long had <b>MOTHER</b> lived in Idaho? <i>22</i> yrs.
4. <b>FULL NAME OF CHILD</b> <i>OLIVE VICTORIA SHURTLEFF</i>	5. Date of Birth of Child (Month, day, year) <i>June 26<sup>th</sup> 1897</i>
6. Sex <i>female</i> 7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <i>9</i> 9. Legitimate? <i>yes</i>
10. <b>FULL NAME</b> <i>Charles V. Shurtleff</i> 11. Color <i>white</i> 12. Age at time of THIS birth <i>41</i> yrs. 13. Birthplace <i>Harrisville Utah</i> (City or town) (State or foreign country) 14. Exact Occupation <i>farmer</i> 15. Industry or Business	16. <b>FULL MAIDEN NAME</b> <i>Nancy Algina Smith</i> 17. Color <i>white</i> 18. Age at time of THIS birth <i>39</i> yrs. 19. Birthplace <i>Harrisville Utah</i> (City or town) (State or foreign country) 20. Exact Occupation <i>housewife</i> 21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....	
23. Number of children of this mother: (a) At time of birth and including this child <i>13<sup>th</sup></i> (b) Born alive and now living <i>11</i>	
<b>ATTENDANT'S CERTIFICATE</b>	
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related as ..... (First name) (Last name)	
25. Attendant's <b>OWN</b> signature	M.D. Address Date Midwife
<b>AFFIDAVIT</b> (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the <i>living eldest brother</i> of the person whose name appears in Item 4, above, that I am now <i>64</i> years of age, that I have known this person for <i>47</i> years, and that <i>Dabell midwife</i> who attended this birth <i>is now deceased</i> I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. <i>Warren L. Shurtleff</i> Signature <i>1021 E. Clark apt 2 Pocatello Idaho</i> P. O. Address	
Subscribed and sworn to before me this <i>23<sup>rd</sup></i> day of <i>August</i> , 19 <i>44</i> <i>Carol Bistine</i> Notary Public, residing at <i>Pocatello, Idaho</i> (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	

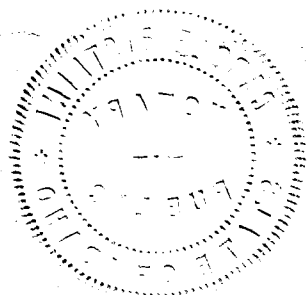
Received for filing on **AUG 28 1944** by *Maude H. Elder* Registrar.

Aug 3 1 3 PM

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



394386

165-25-036-452

United States  
Department of Commerce  
Bureau of the Census  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Owada</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home:  (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>24</u> years <u>9</u> months <u>9</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owada</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>71</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Rosalie Jane Jones</u> <b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>1</u> <b>If so—born 1st, 2nd, 3rd</b> <u>3rd</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>2-15-1897</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Evay George Jones</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>31</u> yrs. <b>13. Birthplace</b> <u>Willard Utah</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Josephine Deschamps</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>24</u> yrs. <b>19. Birthplace</b> <u>Malad Idaho</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... at..... M. on the date.....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

**25. Attendant's OWN signature** Josephine Deschamps **M.D.**..... **Address**..... **Date**.....  
**Midwife**.....

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Eleanor Dudley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21 day of Aug, 1944.  
(SEAL) Josephine D Jones Notary Public, residing at Malad, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



JAN 17 1966

AUG 3 1 1944

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **394425**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Troy  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: no  
(e) Mother's stay **BEFORE** delivery:  
IN **THIS** county 8 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

**3. RESIDENCE OF FATHER** (city, state) Troy, Idaho

**4. FULL NAME OF CHILD** Fred Thomas Price

5. Date of Birth of Child  
(Month, day, year) August 31st 1897

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** George Thomas Price  
11. Color white 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Wales  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Loar Phelene Quinn  
17. Color white 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Kings Valley, Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child. .... (b) Born alive and now living. ....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature ..... M.D. Address Date

State of Oregon  
County of Marion } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that none who attended this birth. I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lora P. Hilena Price McCracken Signature  
Woodburn, Oregon, R. F. D. #2 P. O. Address

Subscribed and sworn to before me this 7th day of August, 19 44

(SEAL) [Signature] Notary Public, residing at Silverton, Ore.  
(Note: Perjury is punishable as a felony under Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

SEP 5 1944

Malcolm Helder

SEP 7 1944

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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6177-108003-466

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **395576**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. N. Arthur  
(d) Name of Hospital or Maternity Home: —

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. N. Arthur  
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

4. **FULL NAME OF CHILD**

Walter Anthony Fagan

5. Date of Birth of Child  
(Month, day, year) Sept 8, 1899

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** John Patrick Fagan  
11. Color or Race White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace Dublin, Ireland  
(City or town) (State or foreign country)  
14. Exact Occupation Machinist for U.P.  
15. Industry or Business R.R.

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Annie Moore  
17. Color or Race White 18. Age at time of THIS birth 22 yrs.  
19. Birthplace Wood River, Nebraska  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Bannock }

### AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now 65 years of age, that I have known this person for 47 years, and that  
Wm. H. Castle who attended this birth is deceased  
(First name) (Last name) (Is now deceased or (Cannot be located))  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Subscribed and sworn to before me this 7th day of September, 1944  
J. A. M. Quillen Notary Public, residing at Pocatello, Idaho  
11023 N. Garfield, Pocatello, Idaho P. O. Address

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1944 by Mabel Helder Registrar.

SEP 25 1944

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

913-412-029-413  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

395584  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>15</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>15</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Leona Ruth Ralstin</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>December 12, 1897</u>	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> <u>No</u>	<b>8. No. months of Pregnancy</b> <u>9 months</u>	<b>Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Joseph Louis Ralstin</u>		<b>16. FULL MAIDEN NAME</b> <u>Alice Maude Walker</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>20</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>18. Age at time of THIS birth</b> <u>17</u> yrs.
<b>13. Birthplace</b> <u>Independence</u> <u>Colorado</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Kingman</u> <u>Kansas</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>farmer</u>		<b>20. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> <u>farming</u>		<b>21. Industry or Business</b> .....	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>5</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

**25. Attendant's** M.D. Address Date  
**OWN signature** Midwife

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now sixty-four years of age, that I have known this person for forty-seven years, and that  
Dr. R. H. Rothwell who attended this birth deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

Alice Maude McNeil Signature  
(Name by first marriage-Alice M. Ralstin)  
Rte. 1, Box 12, Pasco, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of September, 19 44

(SEAL)

[Signature], Notary Public, residing at Pasco.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1944 by Mary H. Elder, Registrar.

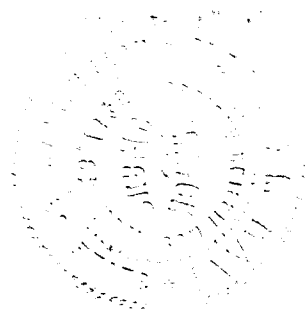
SEP 25 1944

OCT 29 1948

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, by the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **395708**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

- (a) County Washington (b) City Salubria  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Washington  
(c) City Salubria  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 14 yrs.

**3. RESIDENCE OF FATHER** (city, state) Forest Grove, Ore.

5. Date of Birth of Child

(Month, day, year) May 16, 1897

**4. FULL NAME OF CHILD**

Albert Newcomb Hill

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME**

Edwin James Hill

11. Color white

12. Age at time of THIS birth 22 yrs.

13. Birthplace (City or town)

Missouri (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Estella Parr Parsfield

17. Color white

18. Age at time of THIS birth 20 yrs.

19. Birthplace (City or town)

Life Spring Texas (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

25. Attendant's

OWN signature

(Mother, etc.)

M.D.

Midwife

Address

Date

State of Oregon } ss.  
County of Washington

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... of the person whose name appears

in Item 4, above, that I am now ..... years of age, that I have known this person for 47 years, and that

Dr. Samuel Reynolds (First name) (Last name), who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session LAWS

My Commission Expires Feb. 28, 1945

Estella D Hill Signature

Subscribed and sworn to before me this

day of

19 44

(SEAL)

Lucy M. Smith Notary Public, residing at Forest Grove, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

**OCT 10 1944**

by

Malcolm H. Elder

Registrar.



207200

1911 OCT 1

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

33-127-040-632  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

395792  
State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Shoshone (b) City Wardner, Idaho  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Private home.  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Wardner  
(d) Street Address or R.F.D. No. None  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner, Idaho

4. **FULL NAME OF CHILD** Marcus Earl Clark  
5. Date of Birth of Child  
(Month, day, year) June 27, 1897

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>William Clark</u>	16. <b>FULL MAIDEN NAME</b> <u>Margaret Olsen</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>22</u> yrs.
11. Birthplace <u>England</u> (City or town) (State or foreign country)	19. Birthplace <u>Norway, Bergen</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Miner</u>	21. Exact Occupation <u>Housewife</u>
12. Industry or Business <u>Miner</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

**AFFIDAVIT**

State of.....County of.....} ss.  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4,  
above, that I am now 51 years of age, that I have known this person for 47 years, and that  
William James Clark (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.  
EMIL SALMINEN William James Clark Signature  
Notary Public, St. Louis County, Minn. 2614-3rd St. W. Hibbing P.O. Address  
My Commission Expires Dec. 14, 1944.  
Subscribed and sworn to before me this 29 day of August, 1944.  
(SEAL) Emil Salminen Notary Public, residing at Hibbing MINN.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1944 by Mabel H. Hildebrand Registrar.

1937 8 1 100

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

557 225 025-245

396880

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>IDAHO</u> (b) City <u>Cottonwood</u> (c) Street Address or R.F.D. No. <u>IDAHO</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>IDAHO</u> (c) City <u>Cottonwood</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? _____ yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Gertrude Emeline Evans</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Sept. 25, 1897</u>	
<b>6 Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>I</u> <b>If so—born</b> <u>1st, 2nd, 3rd</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Abraham Lincoln Evans</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>37 yrs.</u> <b>13. Birthplace</b> <u>not known</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Carpenter</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Zoe May Bunnell</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>37 yrs.</u> <b>19. Birthplace</b> <u>not known</u> <u>MICHIGAN</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>6</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

**AFFIDAVIT**

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)  
County of \_\_\_\_\_ }  
I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of October, 1944  
(SEAL) \_\_\_\_\_ Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-934, Idaho Code Annotated.)  
Notary Public, residing at \_\_\_\_\_

Received for filing on OCT 19 1944 by Mabel Helder Registrar

OCT 5 1959

DEC 22 1944

OCT 25 1944

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

122-219 020-331  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

396918  
State File No. **396918**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>ELMORE</u> (b) City <u>Rocky BAR</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>ELMORE</u> (c) City <u>Rocky BAR</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>15</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>ANNA Josephine Abbott</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>12-19-1897</u>	
<b>6 Sex</b> <u>F</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9 Mo.</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Foley Orlando Abbott</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>44</u> yrs. <b>13. Birthplace</b> <u>Salmon Oregon</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>SARAH JANE CLARK</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>31</u> yrs. <b>19. Birthplace</b> <u>Scotland</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House Wife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> . (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 47 years, and that JANE Nicholson, who attended this birth IS NOW DECEASED I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Edward S. Abbott Signature  
RJ Boise P. O. Address

Subscribed and sworn to before me this 14 day of November, 1944  
(SEAL) Pauline Andrew Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 14-1944 by Mary F. Fisher, Registrar

OCT 16 1946

NOV 15 1946

APR 29 1940

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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437 110 035 281

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **398151**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Leland</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years <u>7</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Near Leland</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5 1/2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>William Everett M. Gallister</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>April 10 - 1897</u>	
<b>6 Sex</b> <u>Male</u>		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____		<b>9. Legitimate?</b> <u>Yes</u>	
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>William Elmer M. Gallister</u>		<b>16. FULL MAIDEN NAME</b> <u>Sallie Shanklin</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>32</u> yrs.		<b>18. Age at time of THIS birth</b> <u>28</u> yrs.	
<b>13. Birthplace</b> <u>North Vernon Indiana</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Bloomfield Indiana</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

**AFFIDAVIT**

State of California ss. (To be completed when the attendant does not sign in Item 25.)  
County of Tulare  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that Sarah Heckner who attended this birth Deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3d day of November 1944  
Public in and for the County of Tulare, State of California  
(Notary Publics Expires June 10, 1945)  
\_\_\_\_\_  
Commissionary is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on \_\_\_\_\_ by Mabel H. H. H. Registrar

NOV 15 1944

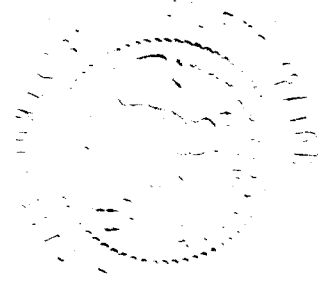


NOV 22 1944

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

639-211 025 7449

398330

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>Gen. Del.</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>4</u> years <u>8</u> months <u>20</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville Idaho</u> (d) Street Address or R.F.D. No. <u>Gen. Del.</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>4</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Mabel Alice Rebecca Oliver</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>1/11/1897</u>	
<b>6 Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>Triplet</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John F. Oliver</u>		<b>16. FULL MAIDEN NAME</b> <u>Catherine A. Murphy</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>white</u>	
<b>12. Age at time of THIS birth</b> <u>32</u> yrs.		<b>18. Age at time of THIS birth</b> <u>29</u> yrs.	
<b>13. Birthplace</b> <u>Lima Ohio</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Oregon Missouri</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>House wife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

State of Idaho } ss. **AFFIDAVIT**  
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 47 years, and that Mary Cambridge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3 day of November 1944

(SEAL) \_\_\_\_\_, Notary Public, residing at Grangeville Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

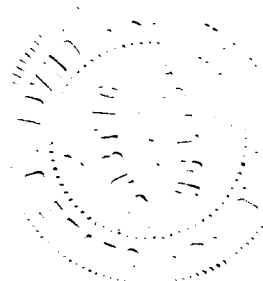
Received for filing on DEC 12 1944 by Mabel Elder, Registrar

DEC 16 1941

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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399439

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City .....  
(c) Street Address or R.F.D. No. lived in country  
(d) Name of Hospital or Maternity Home:  
born at home  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county six years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada then  
(c) City Valley County now  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 30 yrs.  
**3. RESIDENCE OF FATHER** (city, state) same place

**4. FULL NAME OF CHILD** Mary Humphreys  
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....  
6. Sex female

5. Date of Birth of Child  
(Month, day, year) July 14th 1897

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Humphrey Humphreys  
**11. Color or Race** Walsh **12. Age at time of THIS birth** 35 yrs.  
**13. Birthplace** "not sure" Vermont  
(City or town) (State or foreign country)  
**14. Exact Occupation** Roof Slater  
**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Jessie May Lathrop  
**17. Color or Race** white **18. Age at time of THIS birth** 18 yrs.  
**19. Birthplace** Orangeville- Illinois  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** none  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)  
**25. Attendant's OWN signature** M.D. Address Date

State of California } ss.  
County of San Joaquin

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 68 years of age, that I have known this person for 68 1/2 years, and that  
Emily Lathrop who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jessie May Lathrop Humphreys Signature  
General Delivery - Stockton - Calif. O. Address

Subscribed and sworn to before me this 25th day of November, 1944  
(SEAL) Wm. Miller Notary Public, residing at Stockton, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1944 by Mabel Helder Registrar.

DEC 20 1914

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-207-028-439

399503

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Kootenai (b) City Post Falls  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Post Falls  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 8 yrs.  
3. RESIDENCE OF FATHER (city, state) Post Falls Idaho

4. FULL NAME OF CHILD Helena Mae Rae Ballard

5. Date of Birth of Child  
(Month, day, year) May 7 - 1897

6. Sex Female 7. Twin or Triplet      If so—born 1st, 2nd, 3rd     

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. FULL NAME Nelson Charles Ballard  
11. Color White 12. Age at time of THIS birth 50 yrs.  
13. Birthplace Wisconsin  
(City or town) (State or foreign country)  
14. Exact Occupation meat business  
15. Industry or Business     

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Katherine Florence Mc Rae  
17. Color White 18. Age at time of THIS birth 37 yrs.  
19. Birthplace Nova Scotia  
(City or town) (State or foreign country)  
20. Exact Occupation house wife  
21. Industry or Business     

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as .....  
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho  
County of Kootenai } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for life years, and that Mrs. Overstreet, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Ballard Hart Signature

Subscribed and sworn to before me this 20th day of December, 1944.  
(SEAL) John H. Haddock Notary Public, residing at Coeur d'Alene, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires 8-8-1946

Received for filing on DEC 27 1944 by Mabel H. Haddock Registrar.

JAN 20 1945

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **399545**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County _____ (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <u>THIS</u> county <u>3</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>CARROLL Sidney Hadley</u> ? Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Idaho</u> <b>5. Date of Birth of Child</b> (Month, day, year) <u>Sept. 24, 1897</u>	
<b>6 Sex</b> <u>Male</u>		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Alonzo Sidney Hadley</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>45</u> yrs. <b>13. Birthplace</b> <u>Indiana</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Merchant</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Caroline Azuba Peabody</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs. <b>19. Birthplace</b> <u>Quebec, Canada</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

## AFFIDAVIT

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Spokane }  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that Now deceased, who attended this birth is now deceased I further (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of December, 1944  
(SEAL) \_\_\_\_\_ Notary Public, residing at Bellingham  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1945 by Wm. H. H. H., Registrar

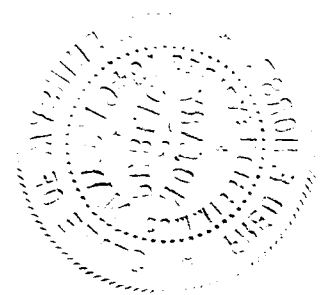


JAN 9 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **399575**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>RFD 2</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>2</u> years <u>3</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>RFD 2</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>2 yrs.</u>	
<b>4. FULL NAME OF CHILD</b> <u>James Earl Wright</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>11-11-97</u>	
<b>6 Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>Triplet</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>William Elmer Wright</u>		<b>16. FULL MAIDEN NAME</b> <u>Daisy Louise Wheeler</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>23</u> yrs.		<b>18. Age at time of THIS birth</b> <u>16</u> yrs.	
<b>13. Birthplace</b> <u>Marysville Ill</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Dawson Minn</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>"</u>		<b>21. Industry or Business</b> <u>"</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

State of WASHINGTON } ss. **AFFIDAVIT**  
County of Yakima } (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 47 years, and that Laura E. Wheeler (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Daisy L. Wright Signature  
Granger P. O. Address  
Subscribed and sworn to before me this 2nd day of January, 1945  
(SEAL) James E. Sel Notary Public, residing at Granger  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.)  
Received for filing on JAN 8 1945 by Mabel E. Blair Registrar

JAN 6 1911

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

26-1071-44-893

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399660

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Washington (b) City Salubria  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home:  
at parents' home  
(e) Mother's stay BEFORE delivery:  
IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Washington  
(c) City Salubria  
(d) Street Address or R.F.D. No. no  
(e) How long has MOTHER lived in Idaho? 4 yrs.

**3. RESIDENCE OF FATHER** (city, state) Salubria, Idaho

**4. FULL NAME OF CHILD**

CARL H. SWANSTROM

**5. Date of Birth of Child**

(Month, day, year) June 7, 1897

**6. Sex** Male

**7. Twin or Triplet**

If so—born  
1st, 2nd, 3rd

**8. No. months of Pregnancy**

9

**9. Legitimate?** Yes

**FATHER OF CHILD**

**10. FULL NAME** SAMUEL AUGUST SWANSTROM  
**11. Color or Race** Scandinavian **12. Age at time of THIS birth** 25 yrs.  
**13. Birthplace** Sweden  
(City or town) (State or foreign country)  
**14. Exact Occupation** Manager retail store  
**15. Industry or Business** Mercantile

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** BERTHA ADINA HILL  
**17. Color or Race** White **18. Age at time of THIS birth** 27 yrs.  
**19. Birthplace** Princeton Missouri  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** Housekeeping

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** not known

**23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by Bertha A Swanstrom, who is related to this child as .....  
(First name) (Last name)

**25. Attendant's OWN signature**

M.D.

Midwife Address Now Deceased

Date

State of Idaho  
County of Washington } ss.

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Dr. W. M. Brown, who attended this birth is deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha A. Swanstrom Signature  
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 14<sup>th</sup> day of February, 19 42

(SEAL)

Arthur Wilson

Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

Jan. 23-1945

by

Mahef Z. Elder

Registrar.

JAN 23 1945

JUL 10 1974

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-224-02-79  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

399664  
State File No. 399664  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Adams</u> (b) City <u>Lawson</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>Lawson</u> (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho? yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Daisy Irene Lakey</u>		<b>5. Date of Birth of Child</b> <u>Feb 24, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b>	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John W. Lakey</u>	<b>11. Color or Race</b>	<b>10. FULL MAIDEN NAME</b> <u>Ella Nora Graham</u>	<b>11. Color or Race</b>
<b>12. Age at time of THIS birth</b> <u>28</u> yrs.	<b>13. Birthplace</b> <u>Walla Walla, Wash.</u> (City or town) (State or foreign country)	<b>12. Age at time of THIS birth</b> <u>23</u> yrs.	<b>13. Birthplace</b> <u>Antum, Oregon</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Farmer</u>	<b>15. Industry or Business</b>	<b>14. Exact Occupation</b> <u>Housewife</u>	<b>15. Industry or Business</b>
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

### AFFIDAVIT

**State of** Idaho **County of** Adams **ss.**

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for life years, and that husband who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)

**Signature** Ella Nora Lakey  
**P. O. Address** Boise, Idaho

Subscribed and sworn to before me this 2nd day of February, 1945  
(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 2 - 1945 by Mabel Z. Elder, Registrar

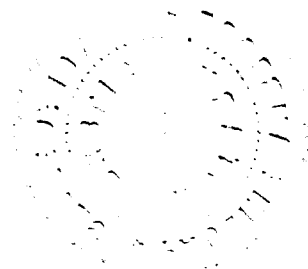
FEB 8 1946

APR 7 1953

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-214-204-643

400826

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH  
(a) County Bear Lake (b) City Montpelier  
(c) Street Address or R.F.D. No. General Delivery  
(d) Name of Hospital or Maternity Home: Residence  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county 4 years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Montpelier  
(d) Street Address or R.F.D. No. General Delivery  
(e) How long has MOTHER lived in Idaho? 4 yrs.  
(f) Mother's mailing address Montpelier, Ida  
3. RESIDENCE of FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD ELVA GENEVIEVE PINKERTON

5. Date of Birth  
(Month, day, year) Jan. 14, 1897

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME WILLIAM JOHN PINKERTON  
11. Color White 12. Age at time of THIS birth 29 yrs.  
13. Birthplace Dublin Ireland  
(City or town) (State or foreign country)  
14. Exact Occupation Brakeman  
15. Industry or Business Southern Pacific Railroad

16. FULL MAIDEN NAME SARAH JANE WILLIAMSON  
17. Color White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace OGDEN UTAH  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) JAN 24 1915 (Mother, etc.)  
(Date received) (b) \_\_\_\_\_  
(Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D.  
(D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

State of ILLINOIS  
County of COOK } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, SARAH JANE PINKERTON, being first duly sworn, say that I am related to  
ELVA GENEVIEVE PINKERTON as MOTHER (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance) \_\_\_\_\_, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DOCTOR HOOVER (Name of attendant at birth) \_\_\_\_\_, who attended said birth DECEASED and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Sarah Jane Pinkerton Signature  
9514 INDIANA AVE., CHICAGO, ILL. P. O. Address

Subscribed and sworn to before me on this 16th day of JANUARY, 1945

(SEAL)

Notary Public, residing at 9217 Indiana Ave  
Chicago, Ill.



JAN 27 1945

JAN 24 1945

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Cora</u> (c) <del>Street Address or</del> R.F.D. No. <u>(none)</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay <b>BEFORE</b> delivery: <u>16</u> years <u>3</u> months --- days <b>IN THIS</b> county	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>R.F.D., Cora</u> (d) <del>Street Address or</del> R.F.D. No. <u>(none)</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>16 1/2</u> yrs.
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<b>4. FULL NAME OF CHILD</b> <u>LEONA WINIFRED HAYDON</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>July 11, 1897</u>
<b>6. Sex</b> <u>Female</u>	<b>8. No. months of Pregnancy</b> <u>9</u>
<b>7. Twin or Triplet</b>	<b>9. Legitimate?</b> <u>Yes</u>
If so—born 1st, 2nd, 3rd	

<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>George Washington Haydon</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>32</u> yrs. <b>13. Birthplace</b> <u>Forest Grove, Oregon</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>	<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Jennie Simpson</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>Pittsburg Pennsylvania</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife.</u> <b>21. Industry or Business</b>
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**22. Name prophylactic used to prevent Ophthalmia Neonatorum.**  
**23. Number of children of this mother:** (a) At time of birth and including this child... 5 (b) Born alive and now living... 5

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Midwife Address** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Washington } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.  
County of Spokane } ss.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 8/12 years, and that Mrs. Sarah Borden is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W. Haydon Signature  
Rosalia, Washington P. O. Address

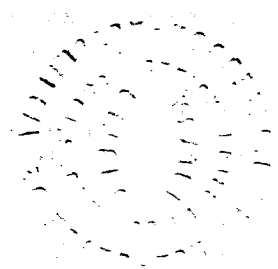
Subscribed and sworn to before me this 9th day of April, 1943  
(SEAL) Lorraine D. Peterson Notary Public, residing at Spokane, Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JAN 24 1945

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



391-107.000-231

400931

United States  
Department of Commerce  
Bureau of Census

Be sure the information is as of date of birth of THIS child)

State File No.  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

**1. PLACE OF BIRTH**

- (a) County Bingham (b) City Lewisville  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Child born at home  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

**2. USUAL RESIDENCE of MOTHER (At time of this birth)**

- (a) State Idaho (b) County Bingham  
(c) City Lewisville  
(d) Street Address or R.F.D. No. R.F.D.  
(e) How long has MOTHER lived in Idaho? 8 yrs.  
(f) Mother's mailing address Lewisville, Ida.

**3. RESIDENCE of FATHER (city, state)**

**4. FULL NAME OF CHILD**

Sheridan Blair Crabtree

**5. Date of Birth**

(Month, day year) Oct. 7, 1897

**6. Sex** male

**7. Twin or**  
Triplet

**If so—born**  
1st, 2nd, 3rd

**8. No. months**  
of Pregnancy

**9. Legitimate?** Yes

**FATHER OF CHILD**

- 10. FULL NAME** Frederick Aston Crabtree  
**11. Color or Race** white **12. Age at time of THIS birth** 35 yrs.  
**13. Birthplace** Salt Lake City, Utah  
(City or town) (State or foreign country)  
**14. Exact Occupation** Farmer  
**15. Industry or Business** \_\_\_\_\_

**MOTHER OF CHILD**

- 16. FULL MAIDEN NAME** Margaret Blair  
**17. Color or Race** white **18. Age at time of THIS birth** 35 yrs.  
**19. Birthplace** Logan, Utah  
(City or town) (State or foreign country)  
**20. Exact Occupation** Housewife  
**21. Industry or Business** \_\_\_\_\_

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** \_\_\_\_\_  
**23. Number of children of this mother:** (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(Mother, etc.) (First name) (Last name)

**26. (a)** FEB 5 1945 **(b)** \_\_\_\_\_  
(Date received) (Registrar's signature)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.**  
(D.O., Midwife, etc.)  
**and address** \_\_\_\_\_ **Date** \_\_\_\_\_

**27. Given name added on** \_\_\_\_\_ **by** \_\_\_\_\_  
(Registrar's signature)

State of Idaho  
County of Bonneville } ss.

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Crabtree, being first duly sworn, say that I am related to Sheridan Blair Crabtree as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Blair, who attended said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

My Commission Expires

June 26th, 1947

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 1947

(SEAL)

Margaret Crabtree Signature  
142 N. Bridge Ave., Idaho Falls, Idaho Address

Myrtle N. Crandall Notary Public, residing at Idaho Falls, Ida.

FEB 7 1945

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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296-011-025-419

400943

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (a) County <u>Idaho</u> (b) City <u>Florence</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>3</u> years _____ month _____ days	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Florence</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>3</u> yrs. (f) Mother's mailing address <u>Florence, Idaho</u>
---	--

4. FULL NAME OF CHILD <u>Florence Idaho Brown</u>	5. Date of Birth (Month, day, year) <u>May 11, 1897</u>
6. Sex <u>Female</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Frank Anthony Brown</u>	16. FULL MAIDEN NAME <u>Florence Marlatt</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>25</u> yrs.
11. Birthplace <u>Rosedale, Wisconsin</u> (City or town) (State or foreign country)	19. Birthplace <u>Dayton, Washington</u> (City or town) (State or foreign country)	14. Exact Occupation <u>Miner</u>	20. Exact Occupation <u>Housewife</u>
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4  
(c) Born alive and now dead 5 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name) (Mother, etc.)  
26. (a) FEB 3 1945 (b) Mary Marlatt  
(Date received) (Registrar's signature)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

State of Idaho Oregon  
County of Kootenai Lewatille

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Milton Marlatt, being first duly sworn, say that I am related to Florence Idaho Brown as Uncle (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Marlatt (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11 day of January, 19 45  
(SEAL) John Milton Marlatt Signature  
Freewater Ore P. O. Address  
Notary Public, residing at Freewater  
Commission Expires 4-3-46

FEB 7 1945

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-209.036-314

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **400981**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>Oneida</u> years <u>32</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>32</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Mary Harrison</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>7, 9, 1897</u>	
<b>6. Sex</b> <u>girl</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>John Harrison</u>		<b>14. FULL MAIDEN NAME</b> <u>Lucinda Campbell</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>36</u> yrs.	<b>17. Color or Race</b> <u>white</u>	<b>18. Age at time of THIS birth</b> <u>32</u> yrs.
<b>13. Birthplace</b> _____ (City or town) _____ (State or foreign country) <u>England</u>		<b>19. Birthplace</b> <u>Ogden</u> <u>Utah</u> (City or town) _____ (State or foreign country) _____	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>house wife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living _____			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.  
County of Oneida }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Susan Campbell who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

(First name) \_\_\_\_\_ (Last name) \_\_\_\_\_ (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 5th day of Feb., 1945  
(SEAL) \_\_\_\_\_, Notary Public, residing at Malad, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1945 by Mabel F. Elder, Registrar



1945 8 830

~~1945 8 830~~

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **401012**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>White Bird</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Born in parents home</u> (e) Mothers stay BEFORE delivery: _____ In THIS county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>White Bird</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Lula Maude Rossiter</u>		<b>5. Date of Birth of Child</b> <u>Sept. 11 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> _____ If so—born _____ 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>George Rossiter</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>36</u> yrs. <b>13. Birthplace</b> <u>Osage City, Kansas</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> <u>Farmer</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Mattie Curtis</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>27</u> yrs. <b>19. Birthplace</b> <u>Riley, Kansas</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>none</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>5</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Mattie Rossiter  
(First name) (Last name)  
who is related as Mother  
(Mother, etc.)

**25. Attendant's** ☒ **OWN signature** Esther K. Smith **M.D.** \_\_\_\_\_ **Address** White Bird Idaho **Date** 1945  
**Midwife** \_\_\_\_\_

**AFFIDAVIT**  
State of \_\_\_\_\_ } ss. (To be completed when the attendant does not sign in Item 25.)  
County of \_\_\_\_\_ }  
I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that  
(First name) (Last name) who attended this birth \_\_\_\_\_ I further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
P. O. Address  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
(SEAL) \_\_\_\_\_, Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1945 by \_\_\_\_\_, Registrar

SEP 28 1965

FEB 21 1946

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

216-117 020-453

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **402190**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Elmore (b) City Glenns Ferry  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery: \_\_\_\_\_  
In **THIS** county years 9 months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Elmore  
(c) City Glenns Ferry  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 9/13 yrs.  
Glenns Ferry

4. **FULL NAME OF CHILD** ROBERT HUNTER SAFLEY  
7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) Idaho  
5. Date of Birth of Child \_\_\_\_\_  
(Month, day, year) Jan. 17, 1897  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** James Safley  
11. Color or Race white 12. Age at time of THIS birth 50 yrs.  
13. Birthplace Council Bluffs Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter  
15. Industry or Business Building houses

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Jane Deckard  
17. Color or Race white 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Kelso(rural), Washington  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12P M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as \_\_\_\_\_  
(Mother, etc.)

25. Attendant's Alice L. Jones M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
OWN signature not Lawrence Midwife 6331 S. Yakima Ave., Tacoma, Wash. 2/27/45  
State of Washington } ss.  
County of Pierce }

I, the undersigned, being first duly sworn, say that I am the oldersister of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 61 years of age, that I have known this person for 48 years, and that  
Alice Jones (nee Lawrence), who attended this birth \_\_\_\_\_ I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Helena Domsbi Ferris Signature  
818S. 64th St., Tacoma, 8, Wash. P. O. Address  
Subscribed and sworn to before me this 27th day of February, 1945.  
(SEAL) Mark Bartlett Notary Public, residing at Tacoma  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1945 by Model H. H. H., Registrar

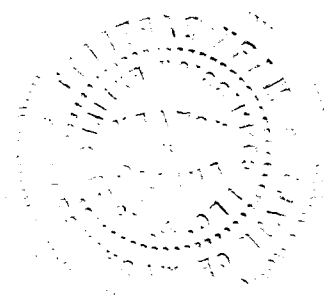
JAN 21 1971

MAR 2 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Garden Valley</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Garden Valley</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Saura Soward</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Feb. 4, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> _____	<b>9. Legitimate?</b> <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
<b>10. FULL NAME</b> <u>John Frederick Soward</u>	<b>16. FULL MAIDEN NAME</b> <u>so Sabra Maria Lewis</u>	<b>11. Color or Race</b> <u>White</u>	<b>17. Color or Race</b> <u>White</u>
<b>12. Age at time of THIS birth</b> <u>33 yrs.</u>	<b>18. Age at time of THIS birth</b> <u>33 yrs.</u>	<b>13. Birthplace</b> <u>Racine Wisconsin U.S. A.</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Farm Michigan</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Blacksmith</u>	<b>20. Exact Occupation</b> <u>House wife</u>	<b>15. Industry or Business</b> _____	<b>21. Industry or Business</b> _____

**22. Name prophylactic used to prevent Ophthalmia Neonatorum** \_\_\_\_\_  
**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was born at 3:00 A. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by Sabra Maria Lewis who is related as Mother (Mother, etc.)  
(First name) (Last name)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Midwife

State of Montana } ss. **AFFIDAVIT**  
County of Flathead }  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 48 years, and that Isabelle Touchette who attended this birth \_\_\_\_\_ I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

x Isabelle Touchette Signature  
4326 Somers Ave., Whitefish, B. C. Address

Subscribed and sworn to before me this 28th day of February 1945  
(IDaho) for the State of \_\_\_\_\_, Notary Public, residing at Metipon  
(Notar: Various is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on January 26th, 1945 by \_\_\_\_\_, Registrar

MAR 9 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

216-212037 447

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **402251**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Owyhee (b) City Delamar  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: own home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 4 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Owyhee  
(c) City Delamar  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Delamar, Idaho
4. **FULL NAME OF CHILD** Mabel Jean Bawden
5. Date of Birth of Child (Month, day, year) Feb. 12, 1897
- 6 Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Walter Bawden
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Rockland Michigan  
(City or town) (State or foreign country)
14. Exact Occupation Master Mechanic
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Nellie Jean Murphy
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Rockburn Canada  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home
22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (Born alive, stillborn) (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)
25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

- State of California } ss. **AFFIDAVIT**  
County of Los Angeles } (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.) from infancy
- in Item 4, above, that I am now 68 years of age, that I have known this person for \_\_\_\_\_ years, and that Doctor Plumer, who attended this birth now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
- state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Mrs. Nellie Jean Bawden Signature  
Long Beach, California P. O. Address

Subscribed and sworn to before me this 5th day of March, 1945

(SEAL) Josephine MacDonald, Notary Public, residing at Long Beach, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1945 by John P. Bawden, Registrar



MAR 9 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

915-229 036 289

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **402262**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth).  
(a) County Oneida (b) City Franklin  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 15 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Franklin  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ora Fern Rankin
5. **Date of Birth of Child**  
(Month, day, year) Aug. 29, 1897
6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** John Allan Rankin
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Franklin Idaho  
(City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Nellie Shrives
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Stannwick North Hampshire Eng  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

- State of Utah } ss. **AFFIDAVIT**  
County of Utah }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Ellen Morgan who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of March, 1943  
(SEAL) Glyde P. Livingston Notary Public, residing at American Fork, Ut.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

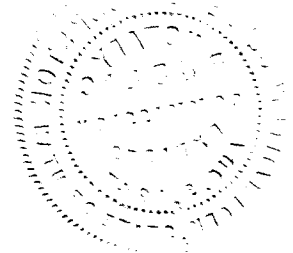
Received for filing on Mar 22 1943 by \_\_\_\_\_, Registrar

MAR 1 4 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

764-203 003-345

402302

402302

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. 402302  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth.) (a) County <u>Bonanza</u> (b) City <u>Paratella</u> (c) Street Address or R.F.D. No. <u>500 S. 2nd</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years <u>11</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth.) (a) State <u>Idaho</u> (b) County <u>Bonanza</u> (c) City <u>Paratella</u> (d) Street Address or R.F.D. No. <u>500 S. 2nd</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>1</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Fern Christine Goddard</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 3, 1897</u>	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> _____ If so—born _____ 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William Henry Goddard</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>28</u> yrs. <b>13. Birthplace</b> <u>Plain City, Utah</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>freight office employee</u> <b>15. Industry or Business</b> <u>D. &amp; L. Railroad</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Lucinda Matilda Lund</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>21</u> yrs. <b>19. Birthplace</b> <u>Plain City, Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Bonanza }  
I, the undersigned, being first duly sworn, say that I am the father (To be completed when the attendant does not sign in Item 25.)  
of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 47 years, and that  
Dr. J. H. Bean (First name) (Last name) who attended this birth is now deceased I further  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws. (Is now deceased) or (Still living)

William H. Goddard Signature  
205 Randolph P. O. Address  
Subscribed and sworn to before me this 17th day of March 1945  
(SEAL) Leith L. Ray Notary Public, residing at Paratella, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24-1945 by Mabel Z. Elder, Registrar

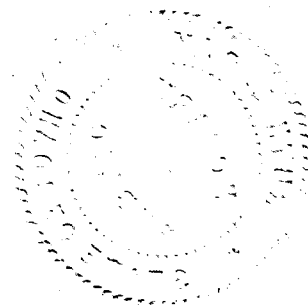
AUG 13 1947

MAR 24 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763 210040-993

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 2 1945

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

423489  
State File No. **403489**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Murray</u> (c) Street Address or R.F.D. No. <u>Gen. Delivery</u> (d) Name of Hospital or Maternity Home: <u>Delivered at Home</u> (e) Mothers stay BEFORE delivery: _____ In THIS county <u>3</u> years <u>6</u> months — days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Murray</u> (d) Street Address or R.F.D. No. <u>Gen. Delivery</u> (e) How long has MOTHER lived in Idaho? <u>Five</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Nellie Charabel Potter</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Sept. 18, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>nine</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>William J. Potter</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>39</u> yrs. <b>13. Birthplace</b> <u>Danby Vermont</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Lumberman</u> <b>15. Industry or Business</b> <u>Lumber</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Minnie Rich</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>25</u> yrs. <b>19. Birthplace</b> <u>Kansas City, Kansas</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b> <u>none</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>unknown</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>yes</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

**State of** Calif. **County of** San **ss.** **AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 47 years, and that John Lutton, who attended this birth, cannot be located further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

**Commission Expires February 18, 1940**  
**Subscribed and sworn to before me this** 28 **day of** March, 1945  
**(SEAL)** W. C. Fairley, Notary Public, residing at Fellman Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR - 9 1945** by John Lutton, Registrar

## **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 104 006 255

4 03553

403553

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. ....  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Bingham (b) City Moreland  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: At home of A. P. Benson  
(e) Mother's stay BEFORE delivery:  
IN THIS county years 1 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Bingham  
(c) City Moreland  
(d) Street Address or R.F.D. No. about 1 month  
(e) How long has MOTHER lived in Idaho about 1 month yrs.  
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Andrew Dalton  
5. Date of Birth of Child (Month, day, year) Nov 4 1897  
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD  
10. FULL NAME Frederick William Dalton  
11. Color White 12. Age at time of THIS birth 27 yrs.  
13. Birthplace (City or town) (State or foreign country)  
14. Exact Occupation Teaching school and  
15. Industry or Business farming

MOTHER OF CHILD  
16. FULL MAIDEN NAME Annie Dortha Benson  
17. Color White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Bozrah, New Brunswick (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 47 years, and that My wife Hatch, who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A. Dalton Signature  
1705 N. 15th St. Boise P. O. Address

Subscribed and sworn to before me this 9th day of April, 1945  
(SEAL) Nell Edison Notary Public, residing at Boise Idaho

(Not : Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mal Helder, Registrar.



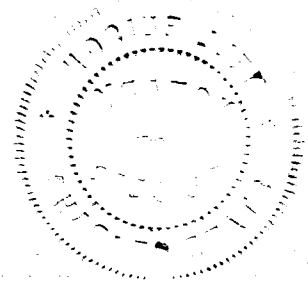
5-660A

FEB 3 1953

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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569 226 044 145

United States  
Department of Commerce  
Bureau of the Census

APR 1 8 1945

Before the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **404594**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Washington (b) City Midvale  
(c) Street Address or R.F.D. No. Idaho  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Midvale Idaho  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

4. **FULL NAME OF CHILD** Nellie Lenora Norman  
6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) Midvale Ida.  
5. Date of Birth of Child \_\_\_\_\_  
(Month, day, year) Jan. 26 1897.  
8. No. months of Pregnancy 9 mo. Legitimate? yes.

**FATHER OF CHILD**  
10. **FULL NAME** Melville Cox Norman  
11. Color or Race White 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Sewell. Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Freight Car.  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Effie ANN Adick  
17. Color or Race White 18. Age at time of THIS birth 24 yrs.  
19. Birthplace Ravanna Missouri.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife.  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho  
County of Payette

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 (since birth) years, and that Mistress Reavis, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Elizabeth F. Sallee Signature  
325 N. 6th Payette, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 1945  
(SEAL) Samuel Grey Notary Public, residing at Payette, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by Mary F. Linder, Registrar

106104 APR 24 1945

## **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

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613-208 821-791 APR 23 1945

United States  
Department of Commerce  
Bureau of the Census

Provide the information as of date of birth of THIS child.  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **404615**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Franklin (b) City Mink Creek  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
at home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Franklin  
(c) City Mink Creek  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho 10 yr. yrs.  
3. **RESIDENCE OF FATHER** (city, state) Mink Creek, Idaho

4. **FULL NAME OF CHILD** Edith Elvina Walker  
5. Date of Birth of Child \_\_\_\_\_  
(Month, day, year) Mar. 8 1897  
6. Sex \_\_\_\_\_ 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate Yes

**FATHER OF CHILD**  
10. **FULL NAME** Alonzo Walker  
11. Color white 12. Age at time of THIS birth 26 yrs.  
or Race \_\_\_\_\_  
13. Birthplace Brigham City Utah  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Annie C. Graham  
17. Color white 18. Age at time of THIS birth 22 yrs.  
or Race \_\_\_\_\_  
19. Birthplace South Cotton Wood, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho  
County of Bonner } ss.

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 yrs years, and that Martha Jansen, midwife who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.


Annie C Walker Signature  
Electric City Wash. P. O. Address

Subscribed and sworn to before me this 21st. day of April, 19 45.  
(SEAL) Georgia Hoffman Notary Public, residing at Priest River  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Ida.

Received for filing on \_\_\_\_\_ by Martha Jansen, Registrar

FEB 3 1959

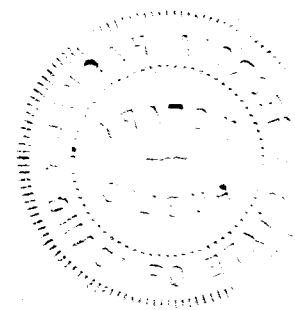
APR 26 1945



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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253-209 003 291

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

404637

State File No. **404637**  
Local Reg. No. **404637**  
Reg. Dist. No. **53**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: —  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 5 years - months - days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. —  
(e) How long has **MOTHER** lived in Idaho? 53 yrs.  
Pocatello
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Florence May Kelley
5. Date of Birth of Child  
(Month, day, year) July 9, 1897
- 6 Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Sebastian C. Kelley
11. Color or Race American 12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri  
(City or town) (State or foreign country)
14. Exact Occupation Shapman
15. Industry or Business Railroading
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Agnes Ann Bradbury
17. Color or Race American 18. Age at time of THIS birth 16 yrs.
19. Birthplace Cooc Utah  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 13

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 A M. on the date July 9, 1897 and at the place stated above, and that personal particulars were furnished by Agnes Ann Kelley who is related as Mother  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

- State of Idaho } ss.  
County of Cassia }

## AFFIDAVIT

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 47 years, and that Mrs. Turner who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)

- Subscribed and sworn to before me this 23rd day of April, 1945.  
(SEAL) [Signature] Notary Public, residing at Albion, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on MAY 3 1945 by [Signature], Registrar

MAY 3 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

**404669**

STATE OF IDAHO

- Received for filing on **MAY 29 1945** by **Malm Fblgr** Registrar.



JAN 14 1963

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only Blue Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. **404802**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Star</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>10</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Star</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>10</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Kathrine Viola Hughes</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>November 29, 1897</u>	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Abraham F. Hughes</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>41</u> yrs. <b>13. Birthplace</b> <u>Missouri</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Flora May Downing</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>38</u> yrs. <b>19. Birthplace</b> <u>Missouri</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>11</u> (b) Born alive and now living <u>10</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss.  
County of Gem }

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that Doctor Hall who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of May, 1945.  
(SEAL) Barbara E. Smoke Notary Public, residing at Emmett, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Wm. F. Lister, Registrar

008404

MAY 24 1945

FEB 18 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. **404825**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bonner</u> (b) City <u>Hope</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>6</u> years <u>6</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonner</u> (c) City <u>Hope</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>17</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Inabel Malwina Snyder</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 3rd. 1897</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>no</u> <b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>			
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Drwin R. Snyder</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>32</u> yrs. <b>13. Birthplace</b> <u>Beverly Pennsylvania</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Mining Engineer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Augusta E. Riebow</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>30</u> yrs. <b>19. Birthplace</b> <u>Newmelfeld Germany</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> <u>3</u> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>yes</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as Mother (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_

### AFFIDAVIT

State of Washington County of Snohomish ss. (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 53 years, and that Mrs. Williams who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Signature \_\_\_\_\_ P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me this 15th day of May, 1945  
(SEAL) \_\_\_\_\_ Notary Public, residing at Snohomish  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

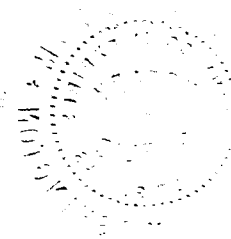
Received for filing on MAY 23 1945 by Mabel Riebow, Registrar

MAY 24 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-2171019-813

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. **405870**  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Custer (b) City Custer  
(c) Street Address or R.F.D. No. Main Street  
(d) Name of Hospital or Maternity Home: Home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years 6 months \_\_\_\_\_ days \_\_\_\_\_

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Custer  
(c) City Custer  
(d) Street Address or R.F.D. No. Main  
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** Isabell Barnett  
6. Sex Female  
7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) Custer, Idaho  
5. Date of Birth of Child (Month, day, year) Sept. 17, 1897  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Charles Elmer Barnett  
11. Color or Race white 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Cornwall England (City or town) (State or foreign country)  
14. Exact Occupation mining  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Martha Yates  
17. Color or Race white 18. Age at time of THIS birth 21 yrs.  
19. Birthplace mona Utah (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum We do not know  
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Utah  
County of Salt Lake

ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Dr. Craig who attended this birth cannot be located further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Mrs. J. M. Fine Signature  
1358 So. 15th East Address

Subscribed and sworn to before me this 22nd day of May 1945  
(SEAL) Ellen W. Evans Notary Public, residing at Bingham Canyon Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 25 1945 by Malv K. K. K. Registrar

672502

MAY 26 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-103-008-279

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **405891**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Boise (b) City Boise  
(c) Street Address or R.F.D. No. Grove St.  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1 years 5 months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Boise  
(c) City Boise  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho
4. **FULL NAME OF CHILD** Walter Manfred Hardman
5. **Date of Birth of Child** Mar. 3, 1897  
(Month, day, year)
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Morris Hardman
11. Color white 12. Age at time of THIS birth 29 yrs.  
or Race \_\_\_\_\_
13. Birthplace Schrimm, Posen  
(City or town) (State or foreign country)
14. Exact Occupation clothing merchant
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lillian Otile Spiegel
17. Color white 18. Age at time of THIS birth 21 yrs.  
or Race \_\_\_\_\_
19. Birthplace New York, N. Y.  
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive early at / A.M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Lillian O. Hardman  
(First name) (Last name)  
who is related as Mother  
(Mother, etc.)

25. Attendant's AS M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
**OWN signature** acting Midwife

- State of California } ss. **AFFIDAVIT**  
County of San Francisco }

- I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 73 years of age, that I have known this person for 48 years, and that  
Dr. Collister who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

(Mrs. Florence Kahn) Mrs. Florence Kahn Signature  
1780 Broadway, San Francisco, Calif. P. O. Address

Subscribed and sworn to before me this 16th day of May 1945  
(SEAL) Mauntes Ann Wilson Notary Public, residing at San Francisco  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1945 by Mauntes Ann Wilson, Registrar

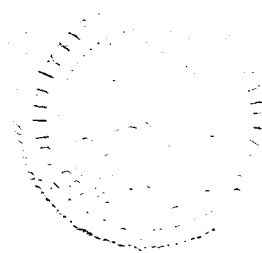


MAY 26 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-105-016-962  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

405930  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Cassia (b) City Basin  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 9 years 6 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Cassia  
(c) City Basin  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
3. **RESIDENCE OF FATHER** (city, state) Basin, Ida.

4. **FULL NAME OF CHILD** Samuel Fennemore Cooper
5. Date of Birth of Child  
(Month, day, year) Mar. 5, 1897
- 6 Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Lyman Jones Cooper
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Oxford Idaho  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Delia Emily Roberts
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Baker City, Oregon  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

- State of California } ss.  
County of Alameda }

- I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 48 years, and that Jeanette Daly (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 18th day of May 1945  
(SEAL) Martha M. Leav Signature  
910 Carmel - Albany, Calif. P. O. Address  
1151 Marin Ave.,  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code as annotated.) Calif. Notary Public, residing at \_\_\_\_\_

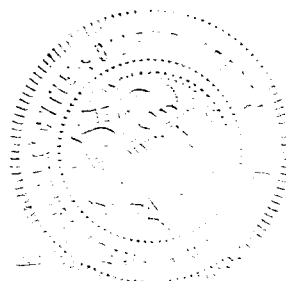
- Received for filing on JUN 1 1945 by Malcolm Elder Registrar

JUN 2 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county      years      months      days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. (e) How long has <b>MOTHER</b> lived in Idaho?      yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Sarah Mable Daniels</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 11, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>Triplet</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>David M. Daniels</u>		<b>16. FULL MAIDEN NAME</b> <u>Gertrude Grace Daniels</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>38</u> yrs.		<b>18. Age at time of THIS birth</b> <u>34</u> yrs.	
<b>13. Birthplace</b> <u>Brigham City, Utah</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Cattle Business</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child      (b) Born alive and now living			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was      at      M. on the date      and at the place stated above, and that personal particulars were furnished by      (First name) (Last name) who is related as      (Mother, etc.)

**25. Attendant's OWN signature**      M.D. Address      Date  
Midwife

**AFFIDAVIT**

State of California } ss.  
County of Los Angeles }  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 47 1/2 years, and that Dr. Drake who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

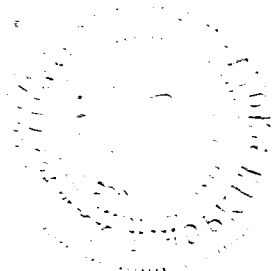
Subscribed and sworn to before me this      day of      1945  
(SEAL) Max R. Koppen Notary Public, residing at San Marcos, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on JUN 1 1945 by Malv F. Elder, Registrar

JUN 2 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 271-130-040-693  
PLACE OF BIRTH  
County of Shoshone  
City of Near Weippe  
No. Idaho St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

405991

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD George Christian Space

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec 30<sup>th</sup> 1936 (Month, Day, Year)

9. Full name of FATHER Christian Hyland Space 18. Full maiden name of MOTHER Ida May Hildner

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene 19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_

11. Color or race White 12. Age at last birthday 74 (years) 20. Color or race White 21. Age at last birthday 69 (years)

13. Birthplace (city or place) (State or Country) Flourtown Pennsylvania 22. Birthplace (city or place) (State or Country) Decatur Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work Oct 1<sup>st</sup> 1936 17. Total time (years) spent in this work 45 25. Date (month and year) last engaged in this work Oct 1<sup>st</sup> 1936 26. Total time (years) spent in this work 45 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) Second (a) Born alive and now living yes (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed JUN 22 1945, 193 Ida May Hildner

Registrar.

Registrar.

DELAYED

# STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }  
County of Kootenai } ss. (To accompany a certificate of an unreported birth  
when such certificate is not attested by signature of  
attending physician or midwife.)  
Christian Wyland Space being first duly sworn says that  
he is the father of George Christian Space  
(Relationship of child)\*  
born December 30th 1897 at Weippe, Idaho,  
(Date of birth) Lease Christian Space

whose certificate of birth is hereto attached, and that Lease Christian Space desires to have the said birth  
recorded under Chapter 139—1937, Session Laws of Idaho; and affiant further states that the facts contained in the certi-  
cate of birth of the said George Christian Space

hereto attached are true and correct  
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Hermine was attending ~~and was the~~  
medical attendant at the birth of said George Christian Space Midwife  
the said medical attendant is is now deceased and that  
(Now deceased (or) cannot be located)

Name of Affiant Christian Wyland Space  
P. O. Address 1202 Lakeview Ave Coeur d'Alene

Subscribed and sworn to before me this 15 day of June, 1940

William B. Lockwood

Notary Public.

Residing at Coeur d'Alene, Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



BUREAU OF VITAL STATISTICS  
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first only a word says that

born (Date of birth) of (Relationship of child) is the

these certificates of birth is hereto attached, and that  
 records under Number 139-1037, Session Laws of Idaho; and affiant further states that the facts contained in the certifi-  
 cates of birth of the said child  
 desire to have the said birth

as stated therein and that this birth has not been previously recorded.

and first

(Now deceased (or) cannot be located)

Page 10 of 10

9-1054.0 9

Supplied and stored in before me this

2025-07-20

\* If the father and mother are both deceased, the child's grandparents, aunts, uncles, etc., should be listed.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-108-007-413

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **406027**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Moore  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 14 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Moore  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
3. **RESIDENCE OF FATHER** (city, state) 2 years  
4. **FULL NAME OF CHILD** Henry Charles Moore  
5. **Date of Birth of Child** (Month, day, year) 12-18-97  
6. **Sex** male  
7. **W** W **in** born **or** born  
**Triplet** 1st, 2nd, 3rd  
8. **No. months of Pregnancy** 9  
9. **Legitimate?** yes

- FATHER OF CHILD**  
10. **FULL NAME** Stonewall Jackson Moore  
11. **Color or Race** white 12. **Age at time of THIS birth** 32 yrs.  
13. **Birthplace** Joplin Missouri  
(City or town) (State or foreign country)  
14. **Exact Occupation** Farmer  
15. **Industry or Business** Farming  
16. **FULL MAIDEN NAME** Adelaide Alice Matthews  
17. **Color or Race** white 18. **Age at time of THIS birth** 21 yrs.  
19. **Birthplace** Bingham Utah  
(City or town) (State or foreign country)  
20. **Exact Occupation** housewife  
21. **Industry or Business** In own home  
22. **Name prophylactic used to prevent Ophthalmia Neonatorum** \_\_\_\_\_  
23. **Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1 A. M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Adelaide Reese  
(First name) (Last name)  
who is related as Mother  
(Mother, etc.)

25. **Attendant's OWN signature** Adelaide Reese **M.D.** Midwife **Address** 2532-218th Place Long Beach, **Date** 5-8-45  
**State of** California **County of** Los Angeles **ss.**

- AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that  
Servia who attended this birth Deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

- Adelaide Reese Signature  
2532-218th Place Long Beach P. O. Address  
Subscribed and sworn to before me this 28th day of May, 1945  
(SEAL) Julian Notary Public, residing at Long Beach,  
(Note: Perjury is punishable as a felony in Idaho, See Sec. 17-914, Idaho Code, Annotated.) California  
Received for filing on JUN 8 1945 by Mary Elder, Registrar

JUN 13 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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417 22036-719

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

407293

407293

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Onida</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Onida</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>67</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Lavern Marshall</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 28, 1897</u>	
<b>6. Sex</b> <u>FEMALE</u>	<b>7. Twin or Triplet</b> <u>Triplet</u> If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> _____	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>George Thomas Marshall</u>		<b>16. FULL MAIDEN NAME</b> <u>Sarah Ann Parkinson</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>25</u> yrs.		<b>18. Age at time of THIS birth</b> <u>21</u> yrs.	
<b>13. Birthplace</b> <u>Franklin Idaho</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Franklin Idaho</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>House wife</u>	
<b>15. Industry, or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at 8 A. M. on the date \_\_\_\_\_ (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Alina P. Bennett  
who is related as Sister (First name) (Last name)  
(Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of California ss. **AFFIDAVIT**  
County of Los Angeles (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 50 years of age, that I have known this person for 47 years, and that Ellen Morgan who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Previously deceased)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of May, 1945  
(SEAL) Alina P. Bennett Notary Public, residing at 4546 St. Elmo Drive P. O. Los Angeles Cal  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 20 1945 by John E. L. L. Registrar

JUL 24 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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469 214014 785

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **408468**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Canyon (b) City Nampa  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay BEFORE delivery:  
In THIS county \_\_\_\_\_ years 9 months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Canyon  
(c) City Nampa  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 9 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Clara Morden

5. Date of Birth of Child (Month, day, year) Jan 14 1897

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME Walter Celium Morden

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Carrick Co. Ontario Canada  
(City or town) (State or foreign country)

14. Exact Occupation Baker

15. Industry or Business Bakery and Grocery

16. FULL MAIDEN NAME Phoebe Pyne

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Picton Canada  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Washington  
County of Pacific } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 years, and that Fredrick Kohler, M. D. who attended this birth is dead I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Martha Jennings Signature  
Long Beach, R.F.D. 1 Wash. P. O. Address

29th day of July, 1945  
Blair Notary Public, residing at Ilwaco.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1945 by Malv Elder, Registrar

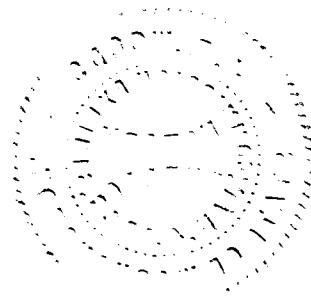
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1945

## **DELAYED REGISTRATION LAW**

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811 229044-358

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **409526**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county      years      months      days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.  
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Babette Ernestine Haas  
6. Sex female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd       

5. Date of Birth of Child  
(Month, day, year) July 29, 1897

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Bernard Haas  
11. Color white 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Merching Germany  
(City or town) (State or foreign country)  
14. Exact Occupation merchant  
15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Ella Lehman  
17. Color white 18. Age at time of THIS birth 18 yrs.  
19. Birthplace Meridian Mississippi  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ..... who is  
related to this child as ..... (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA ..... } ss.  
County of Orange ..... }

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Ella Haas of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that  
Doctor Shirley who attended this birth is now deceased I further state that  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under  
Chapter 139, 1937 Session Laws.

Ella Haas Signature  
Santa Ana Cal P. O. Address

Subscribed and sworn to before me this 6th day of August, 1945  
(SEAL) Mereta Ellen Notary Public, residing at Santa Ana, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by Mary Elder Registrar.



100000  
AUG 27 1945

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-229001 366

409609

409609

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Blaine Co.</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>1203 N. 1st St.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Helen Louise Logan</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 29, 1897</u>	
<b>6. Sex</b> _____	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Leonard Emerson Logan</u>	<b>16. FULL MAIDEN NAME</b> <u>Grace Coffin Logan</u>		
<b>11. Color or Race</b> <u>White</u>	<b>17. Color or Race</b> <u>White</u>		
<b>12. Age at time of THIS birth</b> <u>36</u> yrs.	<b>18. Age at time of THIS birth</b> <u>31</u> yrs.		
<b>13. Birthplace</b> <u>Blackearth, Wis.</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Atumua, Iowa</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Banker, Cattleman</u>	<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> <u>mining</u>	<b>21. Industry or Business</b> _____		
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child _____ (b) Born alive and now living _____			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

**AFFIDAVIT**

State of Idaho County of Blaine ss. (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for birth years, and that \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who attended this birth \_\_\_\_\_ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of October 1945  
(SEAL) \_\_\_\_\_, Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on October 9th 1945 by Mary E. Fielder, Registrar

OCT

9 1945

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OCT 18 1957

OCT 28 1960

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381-202-024-715

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **410887**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Princeton</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>8</u> years <u>8</u> months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Princeton</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>8</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Gertrude Bell Chambers</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan 2, 1897</u>	
<b>6. Sex</b> <u>female</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____	<b>8. No. months of Pregnancy</b> _____	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Eudorus Chambers</u>		<b>16. FULL MAIDEN NAME</b> <u>Laura Luitia Pankey</u>	
<b>11. Color or Race</b> <u>white</u>	<b>12. Age at time of THIS birth</b> <u>29</u> yrs.	<b>17. Color or Race</b> <u>white</u>	<b>18. Age at time of THIS birth</b> <u>22</u> yrs.
<b>13. Birthplace</b> <u>Vincennes Indiana Knox Co.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Salem Oregon</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>house wife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>none</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child _____ (b) Born alive and now living _____			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D.** \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Idaho Refrence \_\_\_\_\_ **Midwife** \_\_\_\_\_

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person since her birth on January 2, 1897, and that Elizabeth Pankey (First name) \_\_\_\_\_ (Last name) who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 5 day of September, 1945  
(SEAL) E. Chambers \_\_\_\_\_ Signature  
Refrence Idaho \_\_\_\_\_ P. O. Address  
Thomson \_\_\_\_\_ Notary Public, residing at Kenston Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mabel Helder Registrar.

12801A

OCT 18 1945

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-102-203-419

411945

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Oxford</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>4</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Oxford</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>24</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Parley Marshall Walker</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 2, 1897</u>	
<b>6 Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Charles Henry Walker</u>		<b>16. FULL MAIDEN NAME</b> <u>Ellen Elvira Marshall</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>24</u> yrs.		<b>18. Age at time of THIS birth</b> <u>24</u> yrs.	
<b>13. Birthplace</b> <u>Salt Lake City, Utah.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Franklin, Idaho.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farming.</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> <u>?</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the attendant (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 60 years of age, that I have known this person for 48 years, and that he is now dead (Is now deceased) or (Cannot be located) who attended this birth as dead. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of October, 1945.  
(SEAL) Ray L. Blum Notary Public, residing at Pocatello  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on OCT 27 1945 by Mary Elder, Registrar

040115

JAN 12 1977

OCT 29 1945

OCT 29 1945

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

364-129-037-154  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **412000**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Owyhee</u> (b) City <u>Lon Tree</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) City <u>Lon Tree</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Frank Francisco Antonio Louis</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>March 29, 1917</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> _____	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Emmanuel Louis</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>26</u> yrs. <b>13. Birthplace</b> <u>Agres</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Rancher</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Johanna Anderson</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>26</u> yrs. <b>19. Birthplace</b> <u>Finland</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child _____ (b) Born alive and now living _____			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

**State of** California **County of** Butte } ss. **AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the female of the person whose name appears in Item 4 above, that I am now \_\_\_\_\_ years of age, that I have known this person for 48 years, and that Mrs \_\_\_\_\_, who attended this birth deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

**Signature** W. M. Davis **P. O. Address** Spindley Calif  
**Subscribed and sworn to before me this** 23 day of Oct. 1944  
**(SEAL)** Leon B. Chase, Notary Public, residing at Spindley  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Butte Co Calif  
**Received for filing on** NOV 5 1945 **by** Mary P. Elder, Registrar



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-20 044-485

413069

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

- |   |   |
|---|---|
| 1. <b>PLACE OF BIRTH</b> (All items at time of this birth)<br>(a) County <u>Washington</u> (b) City <u>Cambridge</u><br>(c) Street Address or R.F.D. No. _____<br>(d) Name of Hospital or Maternity Home: <u>At home</u><br>(e) Mothers stay <b>BEFORE</b> delivery:<br>In <b>THIS</b> county _____ years _____ months _____ days | 2. <b>USUAL RESIDENCE OF MOTHER</b> (At time of this birth)<br>(a) State <u>Idaho</u> (b) County <u>Washington</u><br>(c) City <u>Cambridge</u><br>(d) Street Address or R.F.D. No. _____<br>(e) How long has <b>MOTHER</b> lived in Idaho? <u>4</u> yrs. |
| 4. <b>FULL NAME OF CHILD</b> <u>Addie Viola Babb</u>  | 5. <b>Date of Birth of Child</b><br>(Month, day, year) <u>June 11, 1897</u>   |
| 6. <b>Sex</b> <u>Female</u>   | 8. <b>No. months of Pregnancy</b> _____   |
| 7. <b>Twin or Triplet</b> _____   | 9. <b>Legitimate? *</b> <u>Yes</u>  |
| 3. <b>RESIDENCE OF FATHER</b> (city, state) <u>same</u>   |   |

- |   |   |  |   |
|---|---|--|---|
| FATHER OF CHILD                                     |   | MOTHER OF CHILD  |   |
| 10. <b>FULL NAME</b> <u>William Harmon Babb</u>     | 16. <b>FULL MAIDEN NAME</b> <u>Della Armintha Myers</u> | 11. <b>Color or Race</b> <u>white</u>  | 17. <b>Color or Race</b> <u>white</u>   |
| 12. <b>Age at time of THIS birth</b> <u>24</u> yrs. | 18. <b>Age at time of THIS birth</b> <u>31</u> yrs.     | 13. <b>Birthplace</b> <u>Osage County, Missouri</u><br>(City or town) (State or foreign country) | 19. <b>Birthplace</b> <u>Lane County, Oregon</u><br>(City or town) (State or foreign country) |
| 14. <b>Exact Occupation</b> <u>Farmer</u>           | 20. <b>Exact Occupation</b> <u>Housewife</u>            | 15. <b>Industry or Business</b> _____  | 21. <b>Industry or Business</b> _____   |

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

- State of California } ss. **AFFIDAVIT**  
County of Napa }

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
ed under Chapter 139, 1937 Session Laws.

William Harmon Babb Signature  
436 Wilson St. Napa, Calif. P. O. Address

Subscribed and sworn to before me this 5th day of November, 1945  
(SEAL) R. A. Dollerhide County Clerk, Napa, residing at Napa, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1945 by Mabel K. Elden, Registrar

DEC 3 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413142

553-101 014 418

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. ....  
Local Reg. No. **413142**  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Parma</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <u>THIS</u> county <u>3</u> years months days	<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Parma</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>3</u> yrs.
--	--

<b>4. FULL NAME OF CHILD</b> <u>Bismarck Blaine Nelson</u>	<b>5. Date of Birth of Child</b> (Month, day, year) <u>April 1, 1897</u>
<b>6 Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd _____
<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>

**FATHER OF CHILD**

<b>10. FULL NAME</b> <u>John Nelson</u>
<b>11. Color or Race</b> <u>white</u>
<b>12. Age at time of THIS birth</b> <u>31</u> yrs.
<b>13. Birthplace</b> <u>Bare River, Utah</u> (City or town) (State or foreign country)
<b>14. Exact Occupation</b> <u>Farmer</u>
<b>15. Industry or Business</b> <u>Farming.</u>

**MOTHER OF CHILD**

<b>16. FULL MAIDEN NAME</b> <u>Eva May Day</u>
<b>17. Color or Race</b> <u>white</u>
<b>18. Age at time of THIS birth</b> <u>21</u> yrs.
<b>19. Birthplace</b> <u>Machias, Maine</u> (City or town) (State or foreign country)
<b>20. Exact Occupation</b> <u>Housewife</u>
<b>21. Industry or Business</b> _____

<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> _____
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>

**ATTENDANT'S CERTIFICATE**

<b>24. I HEREBY CERTIFY</b> That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
<b>25. Attendant's OWN signature</b> _____ <b>M.D. Address</b> _____ <b>Date</b> _____ Midwife

State of <u>Idaho</u> } County of <u>Canyon</u> } ss. (To be completed when the attendant does not sign in Item 25.)	<b>AFFIDAVIT</b>
I, the undersigned, being first duly sworn, say that I am the <u>Father</u> (Mother, etc.) of the person whose name appears in Item 4, above, that I am now <u>79</u> years of age, that I have known this person for <u>48</u> years, and that <u>Dr. Ed Maxey</u> (First name) (Last name) who attended this birth <u>now deceased</u> (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.	

Subscribed and sworn to before me this <u>7th</u> day of <u>January</u> , 19 <u>46</u> (SEAL) <u>Luc A. Kress</u> Notary Public, residing at <u>Caldwell, Ida.</u> (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	<u>John Nelson</u> Signature <u>616 Cleveland, Caldwell, Ida.</u> P. O. Address
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Received for filing on JAN 8 1946 by John Nelson Registrar

MAR 15 1956

SEP 8 1961

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 3 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413 213 008-251

413167

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **413167**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Boise** (b) City **Quartzburg**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: **Family Home**  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Boise**  
(c) City **Quartzburg**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? **20** yrs.

4. **FULL NAME OF CHILD** **ELLEN Marie Daly**  
6. Sex **Female**  
7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) **Quartzburg Idaho**  
5. Date of Birth of Child (Month, day, year) **Sept. 13, 1897**  
8. No. months of Pregnancy **9**  
9. Legitimate? **yes**

**FATHER OF CHILD**  
10. **FULL NAME** **OWEN James Daly**  
11. Color or Race **white** 12. Age at time of THIS birth **50** yrs.  
13. Birthplace **County Claine Ireland** (City or town) (State or foreign country)  
14. Exact Occupation **MINE Operator**  
15. Industry or Business **Gold Mining**

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** **Della Beary**  
17. Color or Race **white** 18. Age at time of THIS birth **35** yrs.  
19. Birthplace **on Farm Putnam County Missouri** (City or town) (State or foreign country)  
20. Exact Occupation **House Wife**  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **4**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of **Idaho** } ss.  
County of **Ada** }

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the **SISTER** of the person whose name appears in Item 4, above, that I am now **61** years of age, that I have known this person for **48** years, and that **Doctor NEWELL** who attended this birth **DECEASED** (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded, under Chapter 139, 1937 Session Laws.

**Anna Mary Morrison** Signature  
**912 Harrison Blvd. Boise Idaho** P. O. Address

Subscribed and sworn to before me this **28** day of **January**, 19**46**  
(SEAL) \_\_\_\_\_ Notary Public, residing at **Boise, Idaho**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **Feb 1 - 1946** by **Notary Public**, Registrar.

FEB 1 1940

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-122007-793

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **413199**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Hailey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 6 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Hailey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leo Peter Snider
5. **Date of Birth of Child**  
(Month, day, year) Jan. 22, 1897
6. **Sex** Male
7. **Twin or Triplet** single If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9
9. **Legitimate?** yes

- | FATHER OF CHILD                                     |   | MOTHER OF CHILD  |  |
|---|---|--|--|
| 10. <b>FULL NAME</b> <u>Peter Snider</u>            | 16. <b>FULL MAIDEN NAME</b> <u>Maria Pickel</u>     | 11. <b>Color or Race</b> <u>Italian</u>  | 17. <b>Color or Race</b> <u>Italian</u>  |
| 12. <b>Age at time of THIS birth</b> <u>46</u> yrs. | 18. <b>Age at time of THIS birth</b> <u>27</u> yrs. | 13. <b>Birthplace</b> <u>Northern Italy</u><br>(City or town) (State or foreign country) | 19. <b>Birthplace</b> <u>Northern Italy</u><br>(City or town) (State or foreign country) |
| 14. <b>Exact Occupation</b> <u>Miner</u>            | 20. <b>Exact Occupation</b> <u>House wife.</u>      | 15. <b>Industry or Business</b>  | 21. <b>Industry or Business</b>  |

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** \_\_\_\_\_
23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. **Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

- State of Idaho } ss. **AFFIDAVIT**  
County of Blaine }

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Mrs Newman who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Snider Signature  
Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of December, 1945

(SEAL) R. H. McCoy Notary Public, residing at Hailey, Idaho.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1945 by Mary Helder Registrar



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 19 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-216-214-766

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File **414194**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Emmett</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay <b>BEFORE</b> delivery: _____ In <b>THIS</b> county _____ years <u>6</u> months _____ days			<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Emmett</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>six mo</u> yrs.		
<b>4. FULL NAME OF CHILD</b> <u>Evalina Davis</u>			<b>5. Date of Birth of Child</b> <u>April 16, 1897</u> (Month, day, year)		
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>no</u>	<b>If so—born</b> <u>1st, 2nd, 3rd</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b>			<b>MOTHER OF CHILD</b>		
<b>10. FULL NAME</b> <u>Clarence Herbert Davis</u>			<b>16. FULL MAIDEN NAME</b> <u>Harriett Newell Powers</u>		
<b>11. Color or Race</b> <u>white</u>			<b>17. Color or Race</b> <u>white</u>		
<b>12. Age at time of THIS birth</b> <u>26</u> yrs.			<b>18. Age at time of THIS birth</b> <u>26</u> yrs.		
<b>13. Birthplace</b> <u>LaCygne</u> <u>Kansas</u> (City or town) (State or foreign country)			<b>19. Birthplace</b> <u>near Yoncalla, Oregon</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Salesman</u>			<b>20. Exact Occupation</b> <u>Housewife</u>		
<b>15. Industry or Business</b> _____			<b>21. Industry or Business</b> _____		
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>Do not know</u>					
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>yes</u>					

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Midwife

State of Oregon } ss. **AFFIDAVIT**  
County of Crook }

I, the undersigned, being first duly sworn, say that I am the mother-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 48 years, and that Judy Cargyle (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C Powers Signature  
Parma, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1946

(SEAL) \_\_\_\_\_ My Comm. Notary Public, residing at Prineville, Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1946 by Mary F. Elden, Registrar

JUN 5 1961

JUN 11 1961

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **415297**  
Local Reg. No. **415297**  
Reg. Dist. No. **---**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Liberty  
(c) Street Address or R.F.D. No. ---  
(d) Name of Hospital or Maternity Home: ---  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 2 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Liberty  
(d) Street Address or R.F.D. No. ---  
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Liberty
4. **FULL NAME OF CHILD** Ethel Frances Hoge
5. **Date of Birth of Child** (Month, day, year) Feb. 28, 1897
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** George Hoge
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Carlisle, England  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Jane Mulvy
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Carlisle, England  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was --- at --- M. on the date --- and at the place stated above, and that personal particulars were furnished by --- (Born alive, stillborn)  
(First name) (Last name)  
who is related as --- (Mother, etc.)
25. Attendant's OWN signature --- M.D. Address --- Date ---  
Midwife

State of Province of Alberta, } ss.  
County of Canada }

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the father (To be completed when the attendant does not sign in Item 25.)  
(Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Doctor Hoyer who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. Hoge Signature  
Granum, Alberta, Canada P. O. Address  
14th day of January, 1946  
Subscribed and sworn to before me this 14th day of January, 1946  
(SEAL) James J. Bennett Notary Public, residing at MacLeod  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Alberta, Canada  
Received for filing on JAN 24 1946 by Mary H. Eldon, Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

975 1937

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

515-228-029-843  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **416297**  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Lata (b) City Moscow  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
Private Home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1 years 0 months 0 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County  
(c) City Moscow  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ina Violet Van Nostran 5. Date of Birth of Child  
(Month, day, year) 1/28/1897

6 Sex Female 7. Twin or If so—born  
1st, and 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

## FATHER OF CHILD

10. **FULL NAME** William Lincoln Van Nostran  
11. Color white 12. Age at time of THIS birth 38 yrs.  
13. Birthplace Near Tipton Iowa  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

## MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Ann Hutchinson  
17. Color white 18. Age at time of THIS birth 31 yrs.  
19. Birthplace Near Sparta Wisconsin  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at after midnight M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Jennie Ann McFarland  
(First name) (Last name)  
who is related as Mother  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Dead Midwife

State of Washington }  
County of King } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 80 years of age, that I have known this person for 49 years, and that  
the midwife (name not remembered), who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record  
ed under Chapter 139, 1937 Session Laws.

Jessie Ann McFarland  
Signature  
713-N. 80th, Seattle, 3, Wash. P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1946.

(SEAL)

Theresa L. Jones, Notary Public, residing at  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1946 by Mary H. H. H., Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769-202 240-899

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. **416310**

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **SHOSHONE** (b) City **WARDNER**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county **3** years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **IDAHO** (b) County **SHOSHONE**  
(c) City **WARDNER**  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? **10** yrs.
3. **RESIDENCE OF FATHER** (city, state) **WARDNER, IDA.**

4. **FULL NAME OF CHILD** **PAULINE ELIZABETH PORTEOUS**
5. Date of Birth of Child  
(Month, day, year) **APRIL, 2, 1897**
- 6 Sex **FEMALE** 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy **9** 9. Legitimate? **YES**

- FATHER OF CHILD**
10. **FULL NAME** **JOHN PORTEOUS**
11. Color or Race **WHITE** 12. Age at time of THIS birth **42** yrs.
13. Birthplace **CHATHAM, N.B. CANADA**  
(City or town) (State or foreign country)
14. Exact Occupation **MINING SUPERINTENDENT**
15. Industry or Business \_\_\_\_\_

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **ELIZABETH HIRLINGER**
17. Color or Race **WHITE** 18. Age at time of THIS birth **23** yrs.
19. Birthplace **LAS ANIMAS, COLORADO**  
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **3**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)
25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of **Calif** } ss. (To be completed when the attendant does not sign in Item 25.)  
County of **San Mateo** }  
I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **72** years of age, that I have known this person for **48** years, and that **Dr. MACHETTE** who attended this birth **CANNOT BE LOCATED** I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **18<sup>th</sup>** day of **February** 19**46**  
(SEAL) **Martha Green** Signature **Mrs. Elizabeth Porteous**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Notary Public, residing at **Burlingame Calif.**  
Received for filing on **FEB 23 1946** by **Mary F. L. L. L.** Registrar

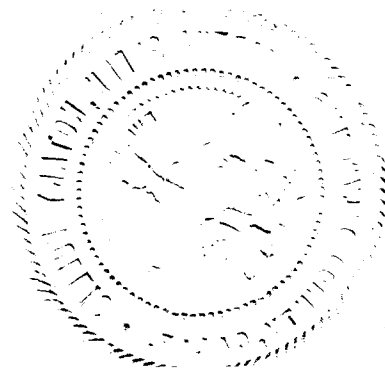


JUL 5 1955

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465-122-025-319

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. **417311**  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Idaho (b) City Clearwater  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Born at Home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 2 years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Clearwater  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

4. **FULL NAME OF CHILD** James Murrel Owen

3. **RESIDENCE OF FATHER** (city, state) Clearwater Ida  
5. Date of Birth of Child  
(Month, day, year) Nov. 22 - 1897

6 Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Henry Milton Owen  
11. Color or Race white 12. Age at time of THIS birth 30 yrs.  
13. Birthplace Eugene Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Matilda Carpenter  
17. Color or Race white 18. Age at time of THIS birth 19 yrs.  
19. Birthplace Idaho Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Washington } ss. **AFFIDAVIT**  
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 48 years, and that Rancy Pell who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
ed under Chapter 139, 1937 Session Laws.

Matilda C Owen Signature  
Route 6, 26 & Jerome, Yakima, Wash. P. O. Address

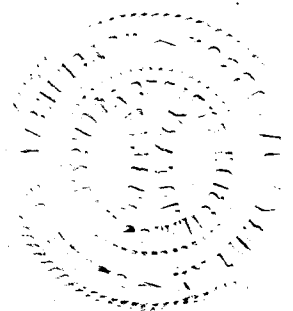
Subscribed and sworn to before me this 18th day of March, 19 46  
(SEAL) Kathryn Jacobson Notary Public, residing at Yakima, Wa.  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1946 by Mary Elder, Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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165 711 001 765

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **418485**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>1005 State St</u> (d) Name of Hospital or Maternity Home: <u>"Home"</u> (e) Mothers stay <b>BEFORE</b> delivery: <u>all her life</u> years <u>all</u> months <u>all</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>1005 State St</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>born in</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ralph Peter Jones</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct 11 - 1897</u>	
<b>6 Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Jerry David Jones</u>	<b>16. FULL MAIDEN NAME</b> <u>Clara Astor Jones</u>		
<b>11. Color or Race</b> <u>white</u>	<b>17. Color or Race</b> <u>white</u>		
<b>12. Age at time of THIS birth</b> <u>40</u> yrs.	<b>18. Age at time of THIS birth</b> <u>32</u> yrs.		
<b>13. Birthplace</b> <u>Waconia, Minn.</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Todd Valley, Idaho</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Pharmacist</u>	<b>20. Exact Occupation</b> <u>housewife</u>		
<b>15. Industry or Business</b>	<b>21. Industry or Business</b>		
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**State of** Idaho **County of** Washington **SS.** \_\_\_\_\_

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 48 years, and that Dr. George Hasley (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Signature** Mar. Julie A. Adelman **P. O. Address** 223 Jefferson St. Boise, Idaho

**Subscribed and sworn to before me this** 27th day of May, 1946.

**(SEAL)** Frank D. Ryan **Notary Public, residing at** Boise, Idaho

**(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)**

**Received for filing on** MAY 31 1946 **by** Mary Folger **Registrar**

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **419597**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Onida** (b) City **Malad City**  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Onida**  
(c) City **Malad City**  
(d) Street Address or R.F.D. No. \_\_\_\_\_

(e) How long has **MOTHER** lived in Idaho? **60** yrs.

## 4. FULL NAME OF CHILD **Hyrum B. Asile Howard**

5. Date of Birth of Child **10-28-1897**  
(Month, day, year) **✓**

6. Sex **Male** 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

### FATHER OF CHILD

10. FULL NAME **Teancum William Howard**  
11. Color or Race **White** 12. Age at time of THIS birth **43** yrs.  
13. Birthplace **DRAPER Utah**  
(City or town) (State or foreign country)  
14. Exact Occupation **School Teacher**  
15. Industry or Business \_\_\_\_\_

### MOTHER OF CHILD

16. FULL MAIDEN NAME **Ruth Sweetman Talbot**  
17. Color or Race **White** 18. Age at time of THIS birth **35** yrs.  
19. Birthplace **Kaysville Utah**  
(City or town) (State or foreign country)  
20. Exact Occupation **House Wife**  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_

23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **7**

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as \_\_\_\_\_  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of **IDAHO** } ss.  
County of **BINGHAM**

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,  
(Mother, etc.)  
above, that I am now **84** years of age, that I have known this person for **48** years, and that  
**MARY STEWART** who attended this birth **Deceased**  
(First name) (Last name)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,  
1937 Session Laws.

**Ruth S. Howard** Signature

**SHEILAK F. DAVIS** P. O. Address

Subscribed and sworn to before me this \_\_\_\_\_ day of **March**, 19**46**

(SEAL)

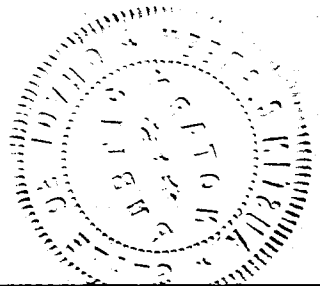
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 21 1946** by **Mabel F. Elder** Registrar.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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142-206-042-135

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **421933**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Rock Creek</u> (c) Street Address or R.F.D. No. <u>Rural</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>1</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Rock Creek (Rural)</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>2</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>FERN BEAULAH AUSTIN</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan. 6, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or</b> <u>Single</u> <b>If so—born</b> <u>1st, 2nd, 3rd</u>	<b>8. No. months</b> <u>9</u> <b>of Pregnancy</b>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Albert Austin</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> _____ yrs. <b>13. Birthplace</b> <u>Kentucky</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Georgia Alexander</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>28</u> yrs. <b>19. Birthplace</b> <u>Missouri</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's** OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
**OWN signature** \_\_\_\_\_ **Midwife** \_\_\_\_\_

State of California } ss. **AFFIDAVIT**  
County of Los Angeles } (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 49 years, and that midwife (name not recalled) who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie M. Stevenson Signature  
6244 Hood Ave. Huntington Park, Calif. P. O. Address  
Subscribed and sworn to before me this 12 day of July, 1946  
(SEAL) Charles M. Bailey Notary Public, residing at Los Angeles,  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires 8/19/49  
Received for filing on AUG 9 1946 by John F. Elder, Registrar



APR 10 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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153-209-001-294

421993

421993

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421993  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 1019 N. 10th St.  
(d) Name of Hospital or Maternity Home:  
Neither - at home  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 1019 N. 10th St.  
(e) How long has MOTHER lived in Idaho? 25 yrs.  
(f) Mother's mailing address 1019 N. 10th St.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Marion Brunson Antiehl

5. Date of Birth

(Month, day year) Nov. 9, 1927

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so - born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Doner Antiehl  
11. Color or Race White 12. Age at time of THIS birth 26 yrs.  
13. Birthplace Anacostia, D.C.  
(City or town) (State or foreign country)  
14. Exact Occupation Mail Clerk at that time  
15. Industry or Business U. S. Mail Service

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessica Brunson  
17. Color or Race White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Exington, Mo.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing used  
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 0  
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) SEP 16 1946 (b) John W. Wright 25. Attendant's OWN signature \_\_\_\_\_ M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_ Date \_\_\_\_\_ (Registrar's signature)

State of Maryland } ss.  
County of Anne Arundel

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Doner Antiehl, being first duly sworn, say that I am \_\_\_\_\_ (Related to (or) acquainted with)  
Marion Antiehl as Father, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)  
appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. O. Bullock, who attended said birth (Name of attendant at birth)  
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 1943  
(SEAL) Doner Antiehl

Doner Antiehl Signature  
188 Smith Ave., Annapolis, Md. P. O. Address

Doner Antiehl Notary Public, residing at Annapolis, Md.  
my commission expires May 3, 1943

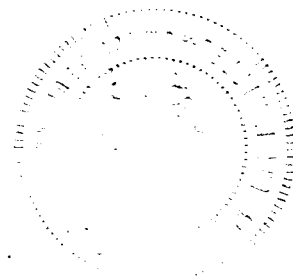
DEC 12 1961

SEP 16 1961

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

852-212 022-631

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File # **4596**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH**

(a) County Tremont (b) City Rexburg  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: At Home  
(e) Mother's stay **BEFORE** delivery:  
In Hosp. or Mat. Home. .... days.  
IN THIS county years month days

**2. USUAL RESIDENCE of MOTHER (At time of this birth)**

(a) State Idaho (b) County Jefferson  
(c) City Rexburg  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 14 yrs.  
(f) Mother's mailing address Union, Oregon

**3. RESIDENCE of FATHER (city, state)** Union, Oregon

**4. FULL NAME OF CHILD**

Ira Hess

**5. Date of Birth**

(Month, day year) Oct 12, 1946

**6. Sex** Female

**7. Twin or Triplet**

If so—born 1st, 2nd, 3rd 5th

**8. No. months of Pregnancy** 9

**9. Legitimate?** yes

**FATHER OF CHILD**

**10. FULL NAME**

Elma Clarence Hess

**11. Color or Race** White

**12. Age at time of THIS birth** 34 yrs.

**13. Birthplace**

Farmington, Utah

(City or town)

(State or foreign country)

**14. Exact Occupation**

Lumberman

**15. Industry or Business**

Hess's mill

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Eliza Flamm

**17. Color or Race** White

**18. Age at time of THIS birth** 31 yrs.

**19. Birthplace**

Logan

Utah

(City or town)

(State or foreign country)

**20. Exact Occupation**

Housewife

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

**23. Number of children of this mother:** (a) At time of birth and including this child 9 (b) Born alive and now living 7

(c) Born alive and now dead 0 (d) Stillborn none

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at about 1 A. M. on the date

and at the place stated above, and that personal particulars were furnished by Eliza Hess, who is related to this child as mother (First name) (Last name)

**26. (a)** OCT 1 1946 (Date received)

**(b)** John W. Wright (Registrar's signature)

Eliza Hess (Attendant's own signature)

**27. Given name added on** ..... by ..... (Registrar's signature)

and address ..... M.D. (D.O., Midwife, etc.) Date

State of Oregon } ss.  
County of Washington

**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alma Clarence Hess, being first duly sworn, say that I am Father (Related to (or) acquainted with)  
Mrs. Eliza Hess as Mrs. Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wright (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alma Clarence Hess Signature  
Union, Oregon P. O. Address

Subscribed and sworn to before me on this 20th day of Sept 1946  
(SEAL) James M. Fraser Notary Public, residing at Ontario, Oregon  
My Commission expires Oct 20, 1946.

02522

JUN 28 1961

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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263 104001 263  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **424610**  
Local R. g. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>12th &amp; Main Sts.</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>12</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>12th &amp; Main Sts.</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>12</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Frank Vernon Hollister</u>		<b>3. RESIDENCE OF FATHER</b> (city, state) <u>Same</u>	
<b>6. Sex</b> <u>Male</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>June 4, 1897</u>	
<b>7. Twin or Triplet</b> <u>No</u> If so—born 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <u>9</u>	
<b>FATHER OF CHILD</b>		<b>9. Legitimate?</b> <u>Yes</u>	
<b>10. FULL NAME</b> <u>Joseph Maroa Hollister</u>		<b>MOTHER OF CHILD</b>	
<b>11. Color or Race</b> <u>White</u>		<b>16. FULL MAIDEN NAME</b> <u>Lenora Hollister</u>	
<b>12. Age at time of THIS birth</b> <u>40</u> yrs.		<b>17. Color or Race</b> <u>White</u>	
<b>13. Birthplace</b> <u>Brighton Michigan</u> (City or town) (State or foreign country)		<b>18. Age at time of THIS birth</b> <u>28</u> yrs.	
<b>14. Exact Occupation</b> <u>Grocery Merchant</u>		<b>19. Birthplace</b> <u>Huntington Valley Nevada</u> (City or town) (State or foreign country)	
<b>15. Industry or Business</b>		<b>20. Exact Occupation</b> <u>Housewife</u>	
		<b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

State of Idaho } ss. **AFFIDAVIT**  
County of Campan }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 77 years, and that Lenora (First name) of Boise Idaho (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12th day of September 1946  
(SEAL) A. S. Weller Notary Public, residing at Boise Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

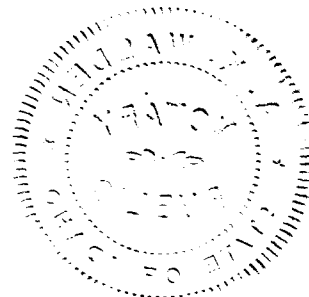
Received for filing on OCT 10 1946 by John W. Wright Registrar

OCT 11 1946

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

397-228-001-433

426007

426007

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home \_\_\_\_\_ days.  
IN THIS county \_\_\_\_\_ years \_\_\_\_\_ month \_\_\_\_\_ days

4. FULL NAME OF CHILD Marion Lois Tipton

6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

FATHER OF CHILD

10. FULL NAME Samuel Luther Tipton  
11. Color White 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Perryville Ohio  
(City or town) (State or foreign country)  
14. Exact Occupation Lawyer  
15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 241 W Jefferson  
(e) How long has MOTHER lived in Idaho? 25 yrs.  
(f) Mother's mailing address Boise Idaho

3. RESIDENCE of FATHER (city, state) Boise Idaho

5. Date of Birth  
(Month, day year) June 28, 1897

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Elvost McClinton  
17. Color White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Idaho City Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_  
(c) Born alive and now dead \_\_\_\_\_ (d) Stillborn \_\_\_\_\_

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)

26. (a) \_\_\_\_\_ (Date received) (b) John Wright (Registrar's signature)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

25. Attendant's OWN signature \_\_\_\_\_ M.D. (D.O., Midwife, etc.)  
and address \_\_\_\_\_ Date \_\_\_\_\_

State of Idaho } ss.  
County of Ada

I, Gertrude Tipton, being first duly sworn, say that I am related (Related to (or) acquainted with)  
Marion Lois Tipton as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. James P. Dubois, who attended said birth deceased (Name of attendant at birth) and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 31 day of October 1946  
(SEAL) John Wright

Gertrude Tipton Signature  
241 West Jefferson St. P. O. Address  
Boise Idaho Notary Public, residing at



PER 31 1946

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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613-225-014-613

426077

426077

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No.....  
Local Reg. No.....  
Reg. Dist. No.....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Canyon (b) City Caldwell  
(c) Street Address or R.F.D. No. Country  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Canyon  
(c) City Near Caldwell  
(d) Street Address or R.F.D. No. Country

(e) How long has MOTHER lived in Idaho? 5 yrs.

**3. RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

**4. FULL NAME OF CHILD** Hanes Anderson Fallquist

Commonly known as Agnes Anderson

**6. Sex** Whi Triplet 1st, 2nd, 3rd

**5. Date of Birth of Child**

(Month, day, year) Jan 25 1927

No. months

of Pregnancy 9

9. Legitimate? yes

**FATHER OF CHILD**

**10. FULL NAME** Erick Anderson Fallquist

**11. Color** white **12. Age at time** 32 yrs.

**or Race** white **of THIS birth** 32 yrs.

**13. Birthplace** Sunne Sweden

(City or town)

(State or foreign country)

**14. Exact Occupation** Farming

**15. Industry or Business**

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME** Christina Wall

**17. Color** white **18. Age at time** 35 yrs.

**or Race** white **of THIS birth** 35 yrs.

**19. Birthplace** Sunne Sweden

(City or town)

(State or foreign country)

**20. Exact Occupation** Housewife

**21. Industry or Business**

**22. Name prophylactic used to prevent Ophthalmia Neonatorum**

**23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at 4 A.M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Christina Anderson Fallquist who is related to this child as mother

(Mother, etc.)

(First name)

(Last name)

**25. Attendant's OWN signature** Joide Bardley

**M.D.**

**Midwife** ☒

**Address**

**Date**

State of Idaho } ss.  
County of Canyon

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 8 1/2 years of age, that I have known this person for 49 years, and that

Joide Bardley (First name) Joide (Last name), who attended this birth signed above (Is now deceased or (Cannot be located)) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Erick Anderson Fallquist Signature

P. O. Address

Subscribed and sworn to before me this 18 day of November 1926

(SEAL)

Chas. Groom Notary Public, residing at Caldwell Idaho

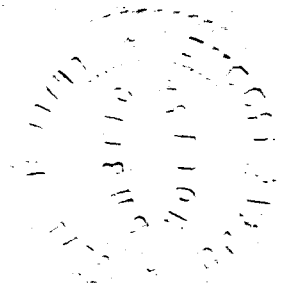
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1946 by John W. Wright Registrar.

### **DELAYED REGISTRATION LAW**

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652-115-029-433

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. 4273  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County LATAH (b) City JULIAETTA  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at home  
(e) Mothers stay BEFORE delivery:  
In THIS county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County LATAH  
(c) City JULIAETTA  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 60 yrs.

4. **FULL NAME OF CHILD** FRANK B. WEBBER

5. Date of Birth of Child  
(Month, day, year) JUNE 19 1917

6. Sex MALE 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

3. **RESIDENCE OF FATHER** (city, state) \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** BENJAMIN J. WEBBER  
11. Color or Race White 12. Age at time of THIS birth 32 yrs.  
13. Birthplace KANSAS  
(City or town) (State or foreign country)  
14. Exact Occupation Photographer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** ANNA MS Gay  
17. Color or Race WHITE 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Washington  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of IDAHO  
County of LATAH } ss.

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for always years, and that MARY FAYLOR who attended this birth directly (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

ANNA WEBBER Signature  
JULIAETTA IDAHO P. O. Address

Subscribed and sworn to before me this 27th day of NOVEMBER 1946  
(SEAL) Notary Public, residing at KENDRICK  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John W. Wright Registrar

DEC 4 1946

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

259-12-044-366  
427589  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Midvale  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Own home

(e) Mothers stay BEFORE delivery:  
In THIS county 15 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington  
(c) City Midvale  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Midvale 16 yrs

3. RESIDENCE OF FATHER (city, state) Idaho

5. Date of Birth of Child July 12 1897  
(Month, day, year)

4. FULL NAME OF CHILD Mary Alma Keithley

6 Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Levi Keithley  
11. Color White 12. Age at time of THIS birth 56 yrs.  
13. Birthplace St Charles County Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Jane Towell  
17. Color \_\_\_\_\_ 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Mercer County Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho  
County of Washington } ss.

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Griff Keithley who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Jane Towell Keithley Signature  
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 12th day December 1946  
(SEAL) \_\_\_\_\_ Notary Public, residing at Midvale Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1946 by John W Wright Registrar

DEC 20 1911

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

653-123.022-795  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

427606  
State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Marysville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>41</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Marysville</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>26</u> yrs. <u>Marysville</u>	
<b>4. FULL NAME OF CHILD</b> <u>Duane Wetherbee</u>		<b>5. Date of Birth of Child</b> <u>Idaho</u> (Month, day, year) <u>June 23, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>David Wetherbee</u>		<b>14. FULL MAIDEN NAME</b> <u>Barbara Green</u>	
<b>11. Color or Race</b> <u>White</u>		<b>15. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>46</u> yrs.		<b>16. Age at time of THIS birth</b> <u>41</u> yrs.	
<b>13. Birthplace</b> <u>Council Bluffs, Iowa</u> (City or town) (State or foreign country)		<b>17. Birthplace</b> <u>?</u> <u>Ohio</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>18. Exact Occupation</b> <u>housewife</u>	
<b>15. Industry or Business</b> _____		<b>19. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>5</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

### AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Fremont }  
I, the undersigned, being first duly sworn, say that I am the Brother-in-law of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 48 years, and that Elizabeth Loosli who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of Dec 1946  
(SEAL) \_\_\_\_\_ Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on DEC 20 1946 by John W. Wright Registrar



APR 14 1948

DEC 20 1946

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

245 219 004 - 523

429034

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Wardboro, Ida.  
(c) Street Address or R.F.D. No. -  
(d) Name of Hospital or Maternity Home: -  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Wardboro  
(d) Street Address or R.F.D. No. -  
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

4. **FULL NAME OF CHILD** Erma Leverne Kunz  
6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Wardboro, Idaho  
5. Date of Birth of Child (Month, day, year) 5-19-1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Robert Kunz  
11. Color or Race White 12. Age at time of THIS birth 35 yrs.  
13. Birthplace Biantigen Berne Switzerland  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Caroline Eschler  
17. Color or Race White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Boltigen Berne Switzerland  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known  
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.) **MIDWIFE—(DECEASED)**

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Cache } ss.  
County of Cache

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 84 years of age, that I have known this person for 49 years, and that Mrs Sparks who attended this birth (Is now deceased) or (cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Kunz Signature  
Pagan Utah P. O. Address

Subscribed and sworn to before me this 24 day of Dec 1946  
(SEAL) \_\_\_\_\_ Notary Public, residing at Pagan Utah  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on DEC 20 1946 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366 220 035-355

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **429037**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Nez Perce (b) City Lewiston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Nez Perce  
(c) City Lewiston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida  
4. **FULL NAME OF CHILD** Nellie Geraldine Coffin  
5. Date of Birth of Child (Month, day, year) Nov. 20, 1897  
6 Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**  
10. **FULL NAME** Lester Fitzgerald Coffin  
11. Color \_\_\_\_\_ or Race White 12. Age at time of THIS birth 33 yrs.  
13. Birthplace The Dalles Oregon  
(City or town) (State or foreign country)  
14. Exact Occupation Merchant and Livestock  
15. Industry or Business Business
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Nellie Ross Levins  
17. Color \_\_\_\_\_ or Race White 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Portland Oregon  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \_\_\_\_\_
22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Washington } ss.  
County of Yakima }

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 49 years, and that Dr. Schaff (First name) (Last name), who attended this birth is now deceased I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 1946  
(SEAL) \_\_\_\_\_ Signature Anna Coffin  
110 S. Naches Av., Yakima, Wnp. O. Address \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at \_\_\_\_\_

Received for filing on JAN 9 1947 by John W. Wright Registrar

JAN 10 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 210 029 433

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. **429065**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Clearwater</u> (c) City <u>Pierce</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Jimmy Burrnell Morrow</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>April-10-1897</u>	
<b>6. Sex</b> <u>7</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Jameson Alfred Morrow</u>		<b>16. FULL MAIDEN NAME</b> <u>Rebecca Jane McCutchen</u>	
<b>11. Color or Race</b> <u>white</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>37</u> yrs.		<b>18. Age at time of THIS birth</b> <u>40</u> yrs.	
<b>13. Birthplace</b> <u>St Joe, Mo.</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>San Jose Calif.</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Mining</u>		<b>20. Exact Occupation</b> <u>Homemaker</u>	
<b>15. Industry or Business</b> _____		<b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>2</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Washington } ss.  
County of King }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 47 years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Seattle, Wash. Anta L. McCutchen Signature  
8223-Interlake Ave. S. P. O. Address  
Subscribed and sworn to before me this 27 day of December, 1946  
(SEAL) \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Seattle

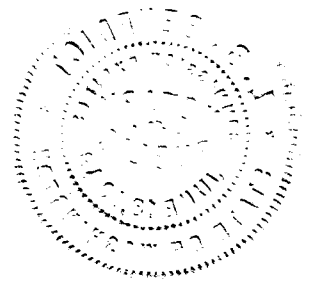
Received for filing on JAN 17 1947 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 18 1947



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-19-222-259

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **431942**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Fremont (b) City Teton  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: None  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Madison  
(c) City Teton  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

4. **FULL NAME OF CHILD** Vernon Gardner  
6 Sex Male 7. Twin or 8 child If so—born  
Triplet 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Teton  
5. Date of Birth of Child  
(Month, day, year) May 19, 1897  
8. No. months of Pregnancy 9mo. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Fredrick Gardner  
11. Color White 12. Age at time of THIS birth 46 yrs.  
13. Birthplace England  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Eliza Sidilla Berd  
17. Color White 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Teton City Idaho  
(City or town) (State or foreign country)  
20. Exact Occupation House Wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Fremont }  
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 49 and 3/4 years, and that Mary Sorensen who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)

Laura Mace Signature  
Teton, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1947  
(SEAL) O. C. Mearns, Probate Judge, Notary Public, residing at St. Anthony  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1947 by John W. Wright, Registrar



MAR 7 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

818-204-040-263

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **431955**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Shoshone (b) City Murray  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Shoshone  
(c) City Murray  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

4. **FULL NAME OF CHILD** Olive Margaret Hahner

5. Date of Birth of Child  
(Month, day, year) Oct. 4, 1897

6 Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** Hermann Hahner  
11. Color or Race White 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Oberschelden, Germany  
(City or town) (State or foreign country)  
14. Exact Occupation Miner  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emelie Bottenberg  
17. Color or Race White 18. Age at time of THIS birth 34 yrs.  
19. Birthplace Niederschelden, Germany  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown  
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN signature** \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Washington  
County of Spokane } ss.

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 59 years of age, that I have known this person for 49 years, and that Miss Fred DeSmith who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 2<sup>nd</sup> day of February 1949  
(SEAL) Roy R. Thompson Notary Public, residing at Spokane  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

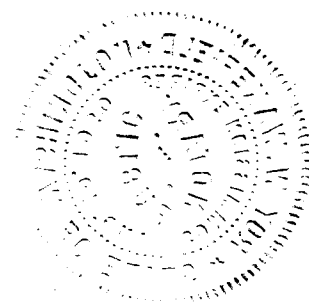
Received for filing on MAR 5 1947 by John W. Wright, Registrar

MAR 7 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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249-118 029-259  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. **431981**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Mascow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At own home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>3</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Mascow</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>3</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>William Allen Purdy</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 18-1897</u>	
<b>6 Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>no</u> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>George William Purdy</u>		<b>16. FULL MAIDEN NAME</b> <u>Martha Ann Berreman</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>35</u> yrs.		<b>18. Age at time of THIS birth</b> <u>25</u> yrs.	
<b>13. Birthplace</b> <u>New York</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Kansas</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>none</u>		<b>21. Industry or Business</b> <u>none</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> _____			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife** \_\_\_\_\_

State of Washington } ss. **AFFIDAVIT**  
County of Clark } (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that Do not remember who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

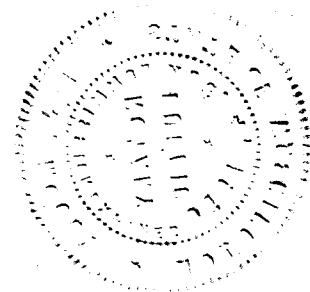
Subscribed and sworn to before me this 4th day of March, 1947.  
(SEAL) L. J. Moody Notary Public, residing at Washougal, Wn.  
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)  
Received for filing on MAR 12 1947 by John W. Wright, Registrar

MAR 13 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-2 13-229-257

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

APR 10 1947

State File No. **433425**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Troy, Idaho  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 3 years 4 months 10 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Troy  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho
4. **FULL NAME OF CHILD** Delphia Mathalia Corwell
5. Date of Birth of Child (Month, day, year) February 13, 1947
- 6 Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. FULL NAME Richard Corwell
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Independence, Missouri  
(City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business FARMER
- MOTHER OF CHILD**
16. FULL MAIDEN NAME Nellie Beamer
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace De Moines, Iowa  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at A M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ who is related as MOTHER (Mother, etc.)
- (First name) (Last name)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

- State of Washington } ss.  
County of King }

**AFFIDAVIT**

- (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
- (First name) (Last name) (Cannot be located)

- Subscribed and sworn to before me this 9 day of MARCH, 1947  
(SEAL) \_\_\_\_\_ Signature \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.) Notary Public, residing at SEATTLE

- Received for filing on APR 14 1947 by John W. Wright Registrar

APR 15 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Letitia Lula Starrh</i>			2. Date (month) (day) (year) <i>October 9 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth <i>Albion Idaho</i>	b. City or Town of Birth <i>Albion Idaho</i>		
FATHER	6. Full Name of Father <i>Samuel W. Starrh</i>			7. State or Country of Father's Birth <i>Chaska England</i>		
MOTHER	8. Full Maiden Name of Mother <i>Oma Weldon</i>			9. State or Country of Mother's Birth <i>Corinne Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Letitia L. Weaver</i>		11. Present Address of Registrant <i>Porterville Calif.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 20 1955</i>			12. Signature of Notary <i>Harry P. [Signature]</i>		13. Notary Commission expires My Commission Expires January 19, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <i>census record</i>		By whom issued and signed <b>DEPARTMENT OF COMMERCE</b> <i>Bureau of the Census</i>	Date issued <i>7-7-55</i>	Date Orig. Entry <i>census of 1900, June 1</i>
	Date of Birth <i>October 2 1897</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Oma Starrh</i>	Name of Father <i>Samuel W. Starrh</i>	
SUPPORTING RECORD 2.	Type of Document <i>STATEMENT RE INSURANCE RECORD</i>		By whom issued and signed <b>WOMAN'S BENEFIT ASSOCIATION</b> <i>Port Huron, Michigan</i>	Date issued <i>12-29-55</i>	Date Orig. Entry <i>September 18 1939</i>
	Date of Birth <i>October 9 1897</i>	Birth Place <i>Albion, Idaho</i> <i>Cassia County</i>	Full Name of Mother <i>Oma Weldon</i>	Name of Father <i>Samuel W. Starch</i>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>[Signature]</i>	Evidence reviewed by <i>bw Betty Waller</i>	Date Filed <i>January 10 1956</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



State of New York  
County of New York

Birth of [Name] [Date]

Parents [Name] [Name]

[Name] [Name]

[Name] [Name]



[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

[Name] [Name]

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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. **433460**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

### 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Albion  
(c) Street Address or R.F.D. No. Genil Del.  
(d) Name of Hospital or Maternity Home. \_\_\_\_\_

(e) Mothers stay BEFORE delivery:  
In THIS county years months days

### 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia  
(c) City Albion  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 10 yrs.

### 4. FULL NAME OF CHILD Letitia Lula Starrh

5. Date of Birth of Child Oct 9<sup>th</sup> 1898  
(Month, day, year)

6 Sex female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_

8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes 1898

### FATHER OF CHILD

10. FULL NAME Samuel W. Starrh  
11. Color or Race White 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Chasha, England  
(City or town) (State or foreign country)  
14. Exact Occupation Day laborer  
15. Industry or Business \_\_\_\_\_

### MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Weldon  
17. Color or Race white 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Corinne, Utah, U.S.A.  
(City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum. \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of California } ss.  
County of Los Angeles }

### AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 49 years, and that \_\_\_\_\_ who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of April, 1947  
(SEAL) \_\_\_\_\_ Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho: see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on APR 22 1947 by John W. [Signature], Registrar  
NOTARY PUBLIC My Commission Expires Oct. 22, 1950

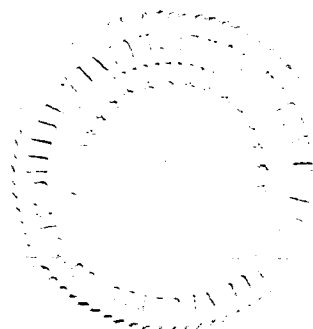
APR 22 1947

JUN 10 1950

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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749 214 037 863

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. **434920**  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Owyhee (b) City Bruneau  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Owyhee  
(c) City Bruneau  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
3. **RESIDENCE OF FATHER** (city, state) 25

4. **FULL NAME OF CHILD** Pearl Purjue 5. Date of Birth of Child  
(Month, day, year) Now 14, 1897

6 Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8th 8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Frank N Purjue  
11. Color or Race white 12. Age at time of THIS birth 37 yrs.  
13. Birthplace IOWA  
(City or town) (State or foreign country)  
14. Exact Occupation farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Marsha Holverson  
17. Color or Race white 18. Age at time of THIS birth 30 yrs.  
19. Birthplace Minnesota  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ who is related as \_\_\_\_\_  
(Born alive, stillborn) (First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Washington } ss.  
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that Ina Pennington is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
ed under Chapter 139, 1937 Session Laws.

maude E. Lawson Signature  
Rt 1 S unnyside, Wash P. O. Address  
Subscribed and sworn to before me this 7th day of May, 1947  
(SEAL) W. H. Stone Notary Public, residing at Sunnyside, Wash  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

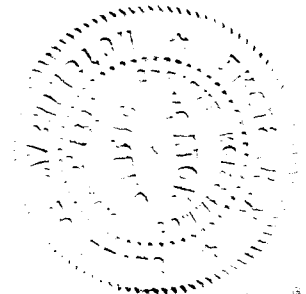
Received for filing on MAY 13 1947 by John W. Wright, Registrar

MAY 13 1947  
AUG 24 1966

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

445 205 035 719

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **436320**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>St. Ann's Home</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>4</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>May Agnes Munden</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>5-5-1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Jacob Martin Munden</u>	<b>16. FULL MAIDEN NAME</b> <u>Mary Josephine Parke</u>		
<b>11. Color or Race</b> <u>white</u>	<b>17. Color or Race</b> <u>white</u>		
<b>12. Age at time of THIS birth</b> <u>43</u> yrs.	<b>18. Age at time of THIS birth</b> <u>33</u> yrs.		
<b>13. Birthplace</b> <u>Oregon City Oregon</u> (City or town) (State or foreign country)	<b>19. Birthplace</b> <u>Oregon City Oregon</u> (City or town) (State or foreign country)		
<b>14. Exact Occupation</b> <u>Labor</u>	<b>20. Exact Occupation</b> <u>House Wife</u>		
<b>15. Industry or Business</b> <u>Farming</u>	<b>21. Industry or Business</b> <u>Home</u>		
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>7</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

**25. Attendant's OWN signature** **M.D. Address** **Date**  
Midwife

**AFFIDAVIT**

State of ..... } ss.  
County of ..... }  
I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for All her life years, and that Doctor Brown who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of May, 1947, at 214 S. Main  
(SEAL) Notary Public, residing at Milton, Ore  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1947 by John W. Wright, Registrar

MAY 22 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-223-029-639

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 137788  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Troy</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>7</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Rose Edna Thorp</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		<b>5. Date of Birth of Child</b> (Month, day, year) <u>2-23-97</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
<b>6 Sex</b> <u>female</u> <b>FATHER OF CHILD</b> 10. <b>FULL NAME</b> <u>Stephen A. Thorp</u> 11. <b>Color or Race</b> <u>White</u> 12. <b>Age at time of THIS birth</b> <u>33</u> yrs. 13. <b>Birthplace</b> <u>Iowa</u> (City or town) _____ (State or foreign country) _____ 14. <b>Exact Occupation</b> <u>Teamster</u> 15. <b>Industry or Business</b> _____		<b>MOTHER OF CHILD</b> 16. <b>FULL MAIDEN NAME</b> <u>Gertrude Flint</u> 17. <b>Color or Race</b> <u>White</u> 18. <b>Age at time of THIS birth</b> <u>25</u> yrs. 19. <b>Birthplace</b> <u>Carskiltorn</u> <u>Surry England</u> (City or town) _____ (State or foreign country) _____ 20. <b>Exact Occupation</b> <u>Housewife</u> 21. <b>Industry or Business</b> _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living _____			

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Washington } ss.  
County of Whatcom }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that 4. no who attended this birth. Cannot be located I further (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

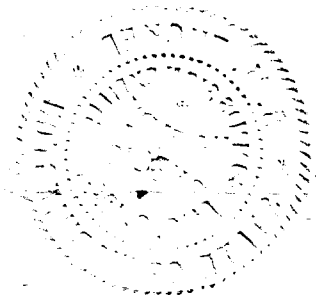
**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
Gertrude Hubbard Signature  
702 Maple St. Bellingham O. Address  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 1997  
(SEAL) John W. Wright Notary Public, residing at Bellingham  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.)  
Received for filing on JUN 30 1947 by John W. Wright, Registrar



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864 211 029-263  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

440834  
State File No. 440834  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Latah (b) City Marathon  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county years 7 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Latah  
(c) City Marathon  
(d) Street Address or R.F.D. No.  
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Home
4. **FULL NAME OF CHILD** Emeline Marie Young
5. **Date of Birth of Child**  
(Month, day, year) April 11-1897
6. **Sex** F
7. **Twin or Triplet** If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9
9. **Legitimate?** ✓

- FATHER OF CHILD**
10. **FULL NAME** John S. Young
11. **Color or Race** W
12. **Age at time of THIS birth** 24 yrs.
13. **Birthplace** Penn.  
(City or town) (State or foreign country)
14. **Exact Occupation** Farmer
15. **Industry or Business**
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Martha K. Koch
17. **Color or Race** White
18. **Age at time of THIS birth** 18 yrs.
19. **Birthplace** Germany  
(City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**
23. **Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 430 A. M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by  
(First name) (Last name)  
who is related as  
(Mother, etc.)

25. **Attendant's OWN signature** **M.D. Address** **Date**  
**Midwife**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above; that I am now 66 years of age, that I have known this person for 48 years, and that  
who attended this birth. I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Martha K. Young Signature  
P. O. Address  
Subscribed and sworn to before me this 11th day of July 1997  
(SEAL) P. B. Abbott Notary Public, residing at Kanab  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 3 1947 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 442174  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Kootenai (b) City Post Falls  
(c) Street Address or R.F.D. No. Route #1  
(d) Name of Hospital or Maternity Home:  
Born at Maternal Grandparents home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 11 years \_\_\_\_\_ months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City Post Falls  
(d) Street Address or R.F.D. No. Route #1  
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) Post Falls, Idaho

4. **FULL NAME OF CHILD** Harold Earl Wyley
5. Date of Birth of Child (Month, day, year) April 22, 1897
- 6 Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? No.

- | FATHER OF CHILD                                  |  | MOTHER OF CHILD   |   |
|--|--|---|---|
| 10. <b>FULL NAME</b> <u>William Lemuel Wyley</u> | 16. <b>FULL MAIDEN NAME</b> <u>Dora Hite</u> | 11. Color or Race <u>White</u>  | 17. Color or Race <u>White</u>  |
| 12. Age at time of THIS birth <u>34</u> yrs.     | 18. Age at time of THIS birth <u>17</u> yrs. | 13. Birthplace <u>Canada</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Iowa</u><br>(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u>               | 20. Exact Occupation <u>Hous ewife</u>       | 15. Industry or Business _____  | 21. Industry or Business _____  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living \_\_\_\_\_

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

- State of IDAHO County of Kootenai } ss. (To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 50 years, and that Dr. Frank Wenz who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- (First name) (Last name) (Is now deceased) or (Cannot be located)

- Subscribed and sworn to before me this 22nd day of September, 1947  
(SEAL) \_\_\_\_\_, Notary Public, residing at Coeur d'Alene, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec 47-974, Idaho Code Annotated.)

- Received for filing on SEP 26 1947 by John W. Wright, Registrar

SEP 26 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-123-028-468  
\* now Bonner county.  
United States  
Department of Commerce  
Bureau of the Census

SEP 29 1947  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

442183  
State File No. 442183  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Kootenai (b) City rural  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home: none  
(e) Mothers stay BEFORE delivery:  
In THIS county 0 years 3 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Kootenai  
(c) City rural  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 3 mo, 23 days yrs.

3. RESIDENCE OF FATHER (city, state) rural, Kootenai, Idaho.  
4. FULL NAME OF CHILD WILLIAM JOSHUA KELLOGG  
5. Date of Birth of Child (Month, day, year) July 23 - 1897.

6 Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
10. FULL NAME William Glacus Kellogg  
11. Color or Race white 12. Age at time of THIS birth 37 yrs.  
13. Birthplace not known Iowa (City or town) (State or foreign country)  
14. Exact Occupation brick mason  
15. Industry or Business brick mason

MOTHER OF CHILD  
16. FULL MAIDEN NAME Lillie Mayhew  
17. Color or Race white 18. Age at time of THIS birth 35 yrs.  
19. Birthplace Bethel, Minnesota (City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE  
24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Washington } ss.  
County of Pend Oreille }  
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 50 years, and that my husband, William Joshua Kellogg, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Lillie Mayhew Signature  
P.O. Box 221, Newport, Washington Address

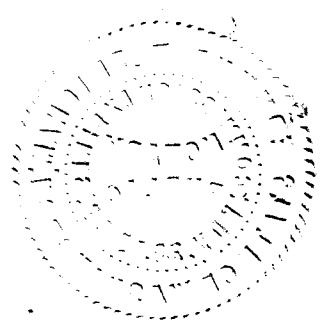
Subscribed and sworn to before me this 27 day of September, 19 47  
(SEAL) Carroll D. Bright Notary Public, residing at Newport WASH.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
John W. Wright Registrar

Received for filing on SEP 30 1947 by \_\_\_\_\_

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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769-215001-613

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **443659**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County ADA (b) City BOISE  
(c) Street Address or R.F.D. No. 13 & Hays St.  
(d) Name of Hospital or Maternity Home:  
Dr. Johnston Sanitarium  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 1 years 11 months 15 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County ADA  
(c) City BOISE  
(d) Street Address or R.F.D. No. 13 & Hays St.  
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MARY A GORDON
5. Date of Birth of Child  
(Month, day, year) Oct. 15, 1897
- 6 Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** WALTER TELL GORDON
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Juniper, Umatilla Co. Oregon  
(City or town) (State or foreign country)
14. Exact Occupation Owner of Bicycle Store
15. Industry or Business Gordon & Spaulding Store
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** DEMARIS O WALKER
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Montrose, Missouri  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of California } ss. **AFFIDAVIT**  
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 50 years, and that Dr. Mary E. Johnston (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Demaris O Gordon Signature  
3417-Cattaraugus Ave. Culver City, Cal. P. O. Address  
Subscribed and sworn to before me this 10 day of November 1947  
(SEAL) Ray E. Lamm Notary Public, residing at Los Angeles, Cal.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1947 by John W. Wright Registrar



## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763-212-029-258

443673

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **443673**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Juliaetta</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>18</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Juliaetta</u> (d) Street Address or R.F.D. No. _____ (e) How long has <b>MOTHER</b> lived in Idaho? <u>18</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Aurora Augusta Potter</u>		<b>5. Date of Birth of Child</b> <u>Sept. 12, 1897</u> (Month, day, year)	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Albert Henry Potter</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>90</u> yrs. <b>13. Birthplace</b> <u>Quincy Illinois</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Railway Agent</u> <b>15. Industry or Business</b> <u>Railroad</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Julia Aurora Snyder</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>34</u> yrs. <b>19. Birthplace</b> <u>Aurora Nevada</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>Do not know</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Midwife

**State of** Idaho **County of** Latah } ss. **AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of November, 1947.  
(SEAL) \_\_\_\_\_ Notary Public, residing at KENDRICK  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on NOV 24 1947 by John W. Wright Registrar

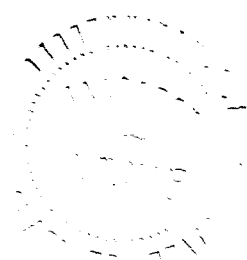
NOV 25 1947

SEP 27 1947

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8641-113-001-331

447705

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **447705**  
Local Reg. No. ....  
Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County.....**Ada**..... (b) City.....**Boise**.....  
(c) Street Address or R.F.D. No.....**R. F. D.**.....  
(d) Name of Hospital or Maternity Home:  
.....**None**.....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county..... years..... months..... days.....

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State.....**Idaho**..... (b) County.....**Ada**.....  
(c) City.....**Boise**.....  
(d) Street Address or R.F.D. No.....**R. F. D.**.....  
(e) How long has **MOTHER** lived in Idaho?..... yrs.

**3. RESIDENCE OF FATHER** (city, state)**R. F. D. Boise, Ida.**

5. Date of Birth of Child

(Month, day, year).....**July, 13, 1897**.....

**4. FULL NAME OF CHILD**.....**John Lawrence Hodgkin**.....

6. Sex **Male**  
7. Twin or Triplet **No**  
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**  
9. Legitimate? **Yes**

**FATHER OF CHILD**

10. **FULL NAME**.....**Shadrack L. Hodgkin**.....  
11. Color.....**White**..... 12. Age at time of THIS birth.....**25**..... yrs.  
13. Birthplace.....**St. Louis, Missouri**.....  
(City or town) (State or foreign country)  
14. Exact Occupation.....**Farmer**.....  
15. Industry or Business.....**Farming**.....

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME**.....**Jessie Mary Clawson**.....  
17. Color.....**White**..... 18. Age at time of THIS birth.....**17**..... yrs.  
19. Birthplace.....**Ministown, New Jersey**.....  
(City or town) (State or foreign country)  
20. Exact Occupation.....**Housewife**.....  
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....**One**. (b) Born alive and now living.....**One**.

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by....., who is  
related to this child as.....  
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of.....**Idaho**..... ss.  
County of.....**Twin Falls**.....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**Mother**..... of the person whose name appears in Item 4, above, that I am now.....**61**..... years of age, that I have known this person for.....**44**..... years, and that....., who attended this birth.....**is now deceased**..... I further state that (Is now deceased) or (Cannot be located)  
(First name) (Last name)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Jessie Mary Hodgkin**..... Signature  
**McCornick Bldg., Twin Falls, Idaho**..... P. O. Address

Subscribed and sworn to before me this..... day of.....**April**....., 19.....**42**.....  
(SEAL).....  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Notary Public, residing at.....**Twin Falls, Ida.**.....

Received for filing on.....**FEB 7 1948**..... by.....**John W. Wright**..... Registrar.

105  
FEB 9 1948

DEC 8 1964

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

731-127-035-463

447735

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **447735**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Melrose</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county _____ years _____ months _____ days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Melrose</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>1</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Ruth Edith Platt</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Nov. 27, 1897</u>	
<b>6. Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> <u>No</u> <b>If so—born</b> 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>John Platt</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>44</u> yrs. <b>13. Birthplace</b> <u>Ohio</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Agnes M. Doty</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>32</u> yrs. <b>19. Birthplace</b> <u>Michigan</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>6</u> . (b) Born alive and now living <u>6</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

State of Washington } ss.  
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 50 years, and that Hannah Stonebrook (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

Signature Frances O. Ulrich  
N. 5004 Magnolia, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this eleventh day of February, 1948

(SEAL)

Notary Public, residing at Spokane, Wash.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

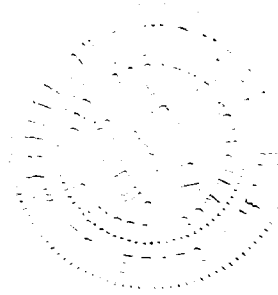
Received for filing on FEB 17 1948 by John W. Wright, Registrar

FEB 17 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

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238-116-029-366  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. DE48-0085  
Local Reg. No.  
Reg. Dist. No.

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>106 Adam St.</u> (d) Name of Hospital or Maternity Home: <u>106 Adam St.</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>15</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>106 Adam St.</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>15</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Louis Philip Schuh</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>June 16, 1897</u>	
<b>6. Sex</b> <u>Male</u>	<b>7. Twin or Triplet</b> <u>1st, 2nd, 3rd</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Louis Philip Schuh, Sr.</u> <b>11. Color or Race</b> <u>White</u> <b>12. Age at time of THIS birth</b> <u>50</u> yrs. <b>13. Birthplace</b> <u>Galesburg, Indiana</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Contractor</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Martha Jane Looney</u> <b>17. Color or Race</b> <u>White</u> <b>18. Age at time of THIS birth</b> <u>39</u> yrs. <b>19. Birthplace</b> <u>Pilot Rock, Oregon</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>none</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>4</u>			

### ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Midwife**

State of WASHINGTON } ss.  
County of KING }

### AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 50 years, and that CHARLES E. WASHINGTON-M.D. who attended this birth DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Orlin M. Schuh Signature  
4345-N-11400N-ST SEATTLE P. O. Address

Subscribed and sworn to before me this 21 day of January, 1948  
(SEAL) John W. Wright, Notary Public, residing at Seattle  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1948 by John W. Wright Registrar



MAR 18 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-210-007-364  
United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

144  
State File No. DE48-0144  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County \_\_\_\_\_ (b) City Bellevue  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: At own home  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County \_\_\_\_\_  
(c) City Bellevue  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Bellevue, Idaho
4. **FULL NAME OF CHILD** Pearl Nettie Stolsworth
5. Date of Birth of Child  
(Month, day, year) Dec. 10, 1897
- 6 Sex female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Samuel Abraham Stolsworth
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Stockton Missouri  
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Mary Louise Coulter
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Stockton Missouri  
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho } ss.  
County of Valley }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for fifty years, and that she who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Mrs. Mary Stolsworth Signature  
404 Ada St., Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 6 day of March, 1948

(SEAL) Neal Boydston Notary Public, residing at 1400 North  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

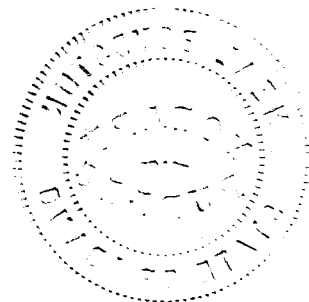
Received for filing on April 5 - 1948 by John W. Wright Registrar

APR 5 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

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515-131-003-533

172

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child) State File No. DE48-0172  
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.  
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bannock (b) City Bench  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home. days.  
IN THIS county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Bench  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 52 yrs.  
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Ivan Ellis Nanney 5. Date of Birth (Month, day year) May 31 1897  
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. 10 months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD  
10. FULL NAME Isaac Wood Nanney 16. FULL MAIDEN NAME NANNEY  
11. Color or Race white 12. Age at time of THIS birth 45 yrs. 17. Color or Race white 18. Age at time of THIS birth 38 yrs.  
13. Birthplace (City or town) (State or foreign country) Missouri 19. Birthplace (City or town) (State or foreign country) Missouri  
14. Exact Occupation Farmer 20. Exact Occupation Housewife  
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know  
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6  
(c) Born alive and now dead 4 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_ (First name) (Last name)

26. (a) April 13-1948 (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_  
(Date received) (Registrar's signature) (Attendant's signature) (D.O., Midwife, etc.)  
27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ and address \_\_\_\_\_  
(Registrar's signature) (Date)

State of Idaho } ss.  
County of Carbon }  
I, Alice Stiles, being first duly sworn, say that I am related to IVAN ELLIS NANNEY, as HIS SISTER, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that UNKNOWN, who attended said birth UNKNOWN and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Alice Stiles Signature  
CONDAL, IDAHO P. O. Address

Subscribed and sworn to before me on this 24th day of September, 1941  
(SEAL) J. S. Chambers Notary Public, residing at Red Spring, Idaho

APR 13 1948

**DELAYED REGISTRATION LAW**

1911 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-128-029-154

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0305

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (Formerly) (a) County <u>Latah</u> (b) City <u>Troy (Wallmer)</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy (Formerly Wallmer)</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Swante Anderson</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>May 28, 1897</u>	
<b>6. Sex</b> <u>male</u>	<b>7. Twin or Triplet</b> _____ If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Olof Gustav Anderson</u>	<b>14. Exact Occupation</b> <u>Farmer</u>	<b>16. FULL MAIDEN NAME</b> <u>Anna Beata Anderson</u>	<b>18. Age at time of THIS birth</b> <u>37</u> yrs.
<b>11. Color or Race</b> <u>White</u>	<b>12. Age at time of THIS birth</b> <u>42</u> yrs.	<b>17. Color or Race</b> <u>White</u>	<b>19. Birthplace</b> (City or town) (State or foreign country) <u>Sweden</u>
<b>13. Birthplace</b> (City or town) (State or foreign country) <u>Sweden</u>	<b>15. Industry or Business</b> <u>Farming</u>	<b>20. Exact Occupation</b> <u>Housewife</u>	<b>21. Industry or Business</b> _____
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>not known</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

## ATTENDANT'S CERTIFICATE

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho County of Boise ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 50 years, and that Maria Christina Larson who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 1948  
(SEAL) \_\_\_\_\_ Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

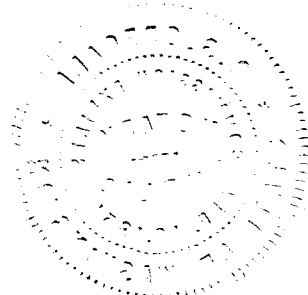
Received for filing on MAY 18 1948 by John W. Wright Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

877



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

812-120-035-336

United States  
Department of Commerce  
Bureau of the Census

SEP 20 1948

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **DE48-0748**  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Nez Perce** (b) City **Lewiston**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: .....
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Nez Perce** ..  
(c) City **Lewiston** ..  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
- (e) Mothers stay **BEFORE** delivery:  
In **THIS** county      years      months      days

4. **FULL NAME OF CHILD** **KESTER LOVEJOY HASTINGS**
5. Date of Birth of Child  
(Month, day, year) **March 20, 1897**

- 6 Sex **Male**      7. Twin or Triplet **No**      If so—born **1st 2nd 3rd**      8. No. months of Pregnancy .....      9. Legitimate? **Yes**

**FATHER OF CHILD**

10. **FULL NAME** **Charles Ainsworth Hastings**
11. Color or Race **White**      12. Age at time of THIS birth **41** yrs.
13. Birthplace **Cambridge Mass.**  
(City or town) (State or foreign country)
14. Exact Occupation **Merchant**
15. Industry or Business **Retail Shoes**

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** **Carrie Armine Clough**
17. Color or Race **White**      18. Age at time of THIS birth **39** yrs.
19. Birthplace **Boston Mass.**  
(City or town) (State or foreign country)
20. Exact Occupation .....
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Address Date  
Midwife .....

State of **California** }  
County of **San Diego** } ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **brother** of the person whose name appears (Mother, etc.)  
in Item 4, above, that I am now **64** years of age, that I have known this person for **fifty-one** years, and that **Dr. J. B. Morris** who attended this birth **is now deceased** I further (First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 12, 1950

Subscribed and sworn to before me this **26** day of **September** 19 **48**  
(SEAL) **Richard J. Jones** Notary Public, residing at **San Diego, Calif.**  
(Note: Perjury is punishable as a felony in Idaho—see Sec. 17-924, Idaho Code Annotated.)

Received for filing on **Sept 21, 1948** by **John W. Wright** Registrar



MAR 21 1967

FILE # FROM 748 TO DE48-0748 1/9/13 KMC

SEP 21 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-104-028-445  
RECEIVED  
OCT 1 1948

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0792  
Department of Commerce  
Bureau of the Census DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All names as of this birth)  
(a) County Boatewai (b) City Coeurd'Alene  
(c) Street Address or R.F.D. No. 621 Sherman Ave.  
(d) Name of Hospital or Maternity Home: At home  
(e) Mothers stay BEFORE delivery:  
In THIS county 8 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Boatewai  
(c) City Coeurd'Alene  
(d) Street Address or R.F.D. No. 621 Sherman  
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeurd'Alene Idaho

4. **FULL NAME OF CHILD** John Bernard Wilson 5. Date of Birth of Child Oct. 4, 1897.  
(Month, day, year)

6 Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. FULL NAME Frederick F. Wilson  
11. Color or Race White 12. Age at time of THIS birth 30 yrs.  
13. Birthplace New Orleans La.  
(City or town) (State or foreign country)  
14. Exact Occupation Steam boat Capt.  
15. Industry or Business

**MOTHER OF CHILD**  
16. FULL MAIDEN NAME Kate Duncan  
17. Color or Race White 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Albany Missouri  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**  
24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)  
25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of CALIFORNIA } ss.  
County of LOS ANGELES }  
I, the undersigned, being first duly sworn, say that I am the Maternal Uncle of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 51 years, and that Dr. Elderkin who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

**AFFIDAVIT**  
(To be completed when the attendant does not sign in Item 25.)  
\_\_\_\_\_  
Signature  
Gen. Del., V.A. Branch, Los Angeles 25, California P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me this 27th day of September, 1948  
(SEAL) NOTARY PUBLIC  
(Note: Perjury is punishable as a felony under the laws of the State of California, and of the United States.)  
My Commission Expires Feb. 29, 1952  
Received for filing on Oct 1, 1948 by John W. Wright Registrar  
Los Angeles 25, Calif.

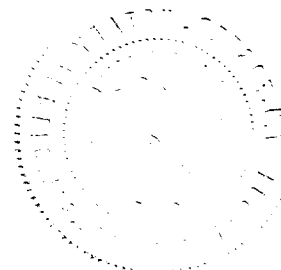
OCT 2 1940

FILE # FROM 792 TO DE48-0792 1/11/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

459 - 227 - RECEIVED  
23 - 28 NOV 1948  
United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0889  
Department of Commerce DIVISION OF VITAL STATISTICS  
Bureau of the Census STATISTICS STATE OF IDAHO  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Madison (formerly Fremont)  
(c) Street Address or R.F.D. No. no R.F.D. service  
(d) Name of Hospital or Maternity Home: no  
(e) Mothers stay BEFORE delivery: Not known  
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Madison  
(c) City Rexburg  
(d) Street Address or R.F.D. No. no R.F.D. service  
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida.

4. FULL NAME OF CHILD Rosina Merk 5. Date of Birth of Child 1/27/1897  
(Month, day, year)

6 Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Arnold Merk Sr. 16. FULL MAIDEN NAME Rosina Buhler  
11. Color white 12. Age at time of THIS birth 40 yrs. 17. Color White 18. Age at time of THIS birth 35 yrs.  
or Race \_\_\_\_\_ or Race \_\_\_\_\_  
13. Birthplace Zurich Switzerland 19. Birthplace Bern Switzerland  
(City or town) (State or foreign country) (City or town) (State or foreign country)  
14. Exact Occupation Farmer 20. Exact Occupation Housewife  
15. Industry or Business Farmer 21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known  
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as \_\_\_\_\_  
(Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Nebraska } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Box Butte }  
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 61 years of age, that I have known this person for 51 years, and that  
unknown who attended this birth unknown I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

508 Toluca Alliance, Nebraska  
Subscribed and sworn to before me this 28 day of Feb 1948  
(SEAL) Notary Public, residing at Albany  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)  
Received for filing on Feb 2, 1948 by John A. Wright, Registrar

NOV 2 1948

FILE # FROM 889 TO DE48-0889 1/16/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364-212  
029-734

RECEIVED

NOV 15 1948

United States  
Department of Commerce  
Bureau of the Census

STATISTICS

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. DE48-0939

Local Reg. No. ....

Reg. Dist. No. ....

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City MOSCOW

(c) Street Address or R.F.D. No. 2

(d) Name of Hospital or Maternity Home:  
at home, Moscow, Idaho

(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 12 years months days

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah

(c) City MOSCOW

(d) Street Address or R.F.D. No. 2

(e) How long has **MOTHER** lived in Idaho? ..... yrs.

**4. FULL NAME OF CHILD** Nellie Idaho Tomer

5. Date of Birth of Child  
(Month, day, year) May 12, 1897

6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**

10. **FULL NAME** George Matthew Tomer

11. Color or Race White 12. Age at time of THIS birth 28 yrs.

13. Birthplace Grass Valley, California  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Millie Frances Plunkitt

17. Color or Race White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Kokomo Indiana  
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

State of Idaho } ss.  
County of Latah }

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now ..... years of age, that I have known this person for 51 years, and that  
Mrs. George W. Tomer who attended this birth deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Barrie Tomer Hayes Signature  
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of November, 19 48.  
(SEAL) Clarence E. Childs Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 17, 1948 by John W. Wright Registrar

10 10 10

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-124 RECEIVED  
003-25-7  
DEC 2 1948  
DIVISION OF VITAL STATISTICS

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE48-0980  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. 934 N Buchanan  
(d) Name of Hospital or Maternity Home:  
born at above residence number  
(e) Mother's stay **BEFORE** delivery: at home  
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. 934 N Buchanan  
(e) How long has **MOTHER** lived in Idaho? 5 yrs.  
3. **RESIDENCE OF FATHER** (city, state) same as above

4. **FULL NAME OF CHILD** Hjalmar Arthur Petersen

5. Date of Birth of Child  
(Month, day, year) Oct. 24 1897

6. Sex Male 7. Twin or single If so—born  
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**

10. **FULL NAME** Hjalmar Marinus Petersen  
11. Color white 12. Age at time of THIS birth 39 yrs.  
13. Birthplace Svelvig, Jarlsberg, Norway  
(City or town) (State or foreign country)  
14. Exact Occupation Painter  
15. Industry or Business Oregon Short Line RR Co

**MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Anna Emelie Ingebretsen  
17. Color white 18. Age at time of THIS birth 25 yrs.  
19. Birthplace Fredrickstad, Swaine Norway  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_, who is related to this child as \_\_\_\_\_  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Idaho } ss.  
County of Bannock

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 57 years, and that \_\_\_\_\_  
C. N. Rooker (First name) (Last name), who attended this birth \_\_\_\_\_  
(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of November, 19 48

(SEAL)

Cluck Petersen CLERK OF THE PROBATE COURT, BANNOCK COUNTY, IDAHO  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 2, 1948 by W W Benson, Registrar.



DEC 3 1948

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 - 222-003-585

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. DE48-0988  
Local Reg. No.  
Reg. Dist. No.

**1. PLACE OF BIRTH** (All items at time of this birth)

(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. 554 N. Cleveland  
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:  
IN THIS county 32 years months days

**4. FULL NAME OF CHILD** Florence Vida Smith

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

**FATHER OF CHILD**

10. FULL NAME George William Smith  
11. Color white 12. Age at time of THIS birth 32 yrs.  
13. Birthplace Logan, Utah (City or town) (State or foreign country)  
14. Exact Occupation Foreman OSL Car Dep't  
15. Industry or Business

**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State (b) County  
(c) City  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? yrs.

**3. RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child  
(Month, day, year) 2/22/1897

8. No. months of Pregnancy 9 9. Legitimate? Yes

**MOTHER OF CHILD**

16. FULL MAIDEN NAME Bessie Eynon  
17. Color white 18. Age at time of THIS birth 32 yrs.  
19. Birthplace Teale, Utah (City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....  
(First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... ss.  
County of .....

**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 45 years, and that Dr. J. C. Bean, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W. Smith Signature

P. O. Address

Subscribed and sworn to before me this 6th day of August, 1948  
(SEAL) Anna K. Kopp Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 6, 1948 by W. W. Benson, Registrar.

DEC 6 1948

FILE # FROM 988 TO DE48-0988 1/24/13 KMC

**DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

845-189  
RECEIVED  
JAN 21 1949  
United States (Be sure the information is as of date of birth of THIS child.)  
Department of Commerce  
Bureau of the Census DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

State File No. DE49-1100  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County BEAR LAKE (b) City BENNINGTON  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home: PRIVATE HOME  
(e) Mothers stay BEFORE delivery:  
In THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State IDAHO (b) County BEAR LAKE  
(c) City BENNINGTON  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 16 yrs. BENNINGTON, IDAHO

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD CLIFFORD HUNTER

5. Date of Birth of Child (Month, day, year) MAY 4, 1897

6 Sex MALE 7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME DAVID PATTERSON HUNTER

11. Color or Race WHITE 12. Age at time of THIS birth 51 yrs.

13. Birthplace FIFESHIRE, SCOTLAND  
(City or town) (State or foreign country)

14. Exact Occupation FARMING

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME META CHRISTINE HANSEN

17. Color or Race WHITE 18. Age at time of THIS birth 28 yrs.

19. Birthplace MAGDINBOLLE, DENMARK  
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4TH (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of IDAHO County of BEAR LAKE } ss.

I, the undersigned, being first duly sworn, say that I am the HALF SISTER (To be completed when the attendant does not sign in Item 25.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 51 years, and that CARRIE MOURITSEN (First name) (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Minnie E. Loring Signature  
MONTPELIER, IDAHO P. O. Address

Subscribed and sworn to before me this 17TH day of JANUARY 1949  
(SEAL) Ruth Aland Notary Public, residing at MONTPELIER  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) (IDAHO)

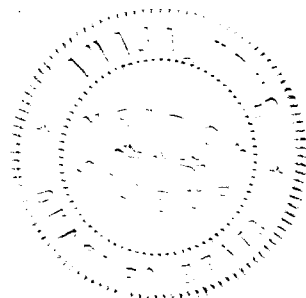
Received for filing on Jan 21, 1949 by W. W. Benson Registrar

JAN 21 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

168-105-026  
RECEIVED 336

United States  
Department of Commerce  
Bureau of the Census

FEB 7 1949

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE49-1147  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Jefferson</u> (b) City <u>Lewisville</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Lewisville</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Rulon R Johnson</u>		5. Date of Birth of Child (Month, day, year) <u>Jan 5<sup>th</sup> 1897</u>	
6 Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy
9. Legitimate?			
10. FULL NAME <u>Benjamin J. Johnson</u>		16. FULL MAIDEN NAME <u>Mary Jane Cloward</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>30</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Springdale Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Payson Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>operating saw-mill</u>		20. Exact Occupation <u>House-wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

**AFFIDAVIT**

State of UTAH ss. (To be completed when the attendant does not sign in Item 25.)  
County of UTAH  
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 52 years, and that I DO NOT NOW RECALL THE NAME OF THE PERSON who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of FEBRUARY 1949.  
(SEAL) Mary Jane Johnson Signature  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on Feb 8, 1949 by W W Benson, Registrar

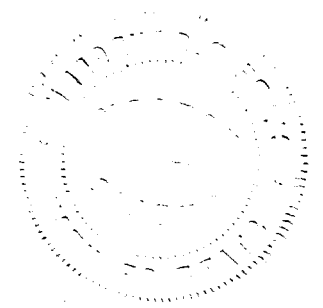
FEB 6 1940

FILE # FROM 1147 TO DE49-1147 2/7/13 KMC

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

544-225-029-719

RECEIVED

MAR 15 1949

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. DE49-1250

Local Reg. No. ....

Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (At time of this birth) (a) County <u>LATAH</u> (b) City <u>KENDRICK</u> (c) Street Address or R.F.D. No. <u># 2</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>24</u> years <u>5</u> months <u>25</u> days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>KENDRICK</u> (d) Street Address or R.F.D. No. <u>#2</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>5</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>MABEL CHARLOTTE EMMETT</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>FEBRUARY 25, 1897</u>	
<b>6 Sex</b> <u>FEMALE</u>	<b>7. Twin or Triplet</b> _____	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>YES</u>
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>JAMES MADISON EMMETT</u> <b>11. Color or Race</b> <u>WHITE</u> <b>12. Age at time of THIS birth</b> <u>35</u> yrs. <b>13. Birthplace</b> <u>TINA MISSOURI</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farming</u> <b>15. Industry or Business</b> _____		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>EFFIE BERTHA PARKER</u> <b>17. Color or Race</b> <u>WHITE</u> <b>18. Age at time of THIS birth</b> <u>24</u> yrs. <b>19. Birthplace</b> <u>unknown ILLINOIS</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House keeping</u> <b>21. Industry or Business</b> _____	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>unknown</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

**25. Attendant's OWN signature** \_\_\_\_\_ **M.D. Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**AFFIDAVIT**

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Latah } **Brother** of the person whose name appears  
I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ (Mother, etc.)  
in Item 4, above, that I am now 58 years of age, that I have known this person for 52 years, and that  
W.A. ROTHWELL who attended this birth is now deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13<sup>th</sup> day of March 1949  
(SEAL) \_\_\_\_\_, Notary Public, residing at Kendrick  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 15, 1949 by W.B. Ennore, Registrar



MAR 15 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

255-107-029-125  
RECEIVED  
MAR 26 1949  
Be sure the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
DIVISION OF  
STATE OF IDAHO

State File No. DE49-1290  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All births of this birth) (a) County. <u>LATAH</u> (b) City. <u>GENESEE</u> (c) Street Address or R.F.D. No. <u>GENERAL DEL.</u> (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>6</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State. <u>IDAHO</u> (b) County. <u>LATAH</u> (c) City. <u>GENESEE</u> (d) Street Address or R.F.D. No. <u>GEN. DEL.</u> (e) How long has MOTHER lived in Idaho? <u>18 MO</u>	
4. FULL NAME OF CHILD <u>LUTHER WALKER BENTLEY</u>		5. Date of Birth of Child (Month, day, year) <u>9-7-1897</u>	
6 Sex	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
10. FULL NAME <u>LOUISE BENTLEY</u>		16. FULL MAIDEN NAME <u>MARY ELLEN ABNEY</u>	
11. Color or Race <u>WHITE</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color <u>WHITE</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace (City or town) <u>MISSOURI</u>	(State or foreign country)	19. Birthplace (City or town)	(State or foreign country)
14. Exact Occupation <u>FARMER</u>	20. Exact Occupation <u>HOUSE WIFE</u>		
15. Industry or Business	21. Industry or Business		
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

**AFFIDAVIT**

State of Wash }  
County of Spoکان } ss. (To be complete when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 51 years, and that (First name) Dr. Ellen (Last name) who attended this birth now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21 day of March, 1949  
(SEAL) A. Puhelmann, Notary Public, residing at 5 Spokane  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 28, 1949 by W. W. Benson, Registrar

MAR 28 1949

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

RECEIVED  
APP 2 1953

Information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1315

Local Reg. No. ....

Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Kellogg</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Harvey O. Furbush</u>		3. RESIDENCE OF FATHER (city, state) <u>Kellogg, Idaho</u>	
6 Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>August 28, 1897</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Fletcher Furbush</u>		16. FULL MAIDEN NAME <u>Eva Osborne</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>49</u> yrs.		18. Age at time of THIS birth <u>39</u> yrs.	
13. Birthplace <u>Unknown</u> <u>Maine</u> (City or town) (State or foreign country)		19. Birthplace <u>Litchfield</u> <u>Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Dairy owner</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Milk business</u>		21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.....			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>5</u>			

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by.....  
(First name) (Last name)  
who is related as.....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Oregon } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Lane }  
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 68 years of age, that I have known this person for 51 years, and that  
Flora Jane Schools who attended this birth deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Eugene Skinner Signature  
Eugene, Oregon P. O. Address  
Subscribed and sworn to before me this 25th day of March, 1949.  
(SEAL) Barrett M. Peterson Notary Public, for Oregon  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Commission Exp 2/15/53)

Received for filing on April 5, 1949 by W. A. Benson Registrar

APR 5 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-117-029-239

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. DE49-1446

Local Reg. No. ....

Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>at own home</u> (e) Mothers stay <b>BEFORE</b> delivery: In THIS county <u>5</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. .... (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Harlie Arol Showalter</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>August 17, 1897</u>	
<b>6 Sex</b> <u>male</u>		<b>7. Twin or Triplet</b> <u>Single</u> If so—born 1st, 2nd, 3rd	
<b>8. No. months of Pregnancy</b> <u>9</u>		<b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>Alfred John Showalter</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>25</u> yrs. <b>13. Birthplace</b> <u>Kingman City, Kansas</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>School teacher</u> <b>15. Industry or Business</b> <u>teaching school</u>		<b>MOTHER OF CHILD</b> <b>16. FULL MAIDEN NAME</b> <u>Charlotte Elizabeth Strickland</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>24</u> yrs. <b>19. Birthplace</b> <u>Osceola, Wisconsin</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>Housewife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>Boric acid solution</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>5</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... Mrs. Nancy Showalter, mid wife attendant (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Address** Deceased. **Date** .....

State of Washington } ss. **AFFIDAVIT**  
 County of Skagit }  
 I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 57 years, and that Mrs. Nancy Showalter who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws. (First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 4th day of May 1949  
 (SEAL) Carl Wilson Notary Public, residing at W. Kernan  
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on May 16, 1949 by W. Benson Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465-218-236-314  
RECEIVED  
United States (Be sure the information is as of date of birth of THIS child) State File No. DE49-1453  
Department of Commerce MAY 1 3 1949  
Bureau of the Census OF VITAL STATE OF IDAHO Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. PLACE OF BIRTH (At time of this birth)  
(a) County Oneida (b) City Preston  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: Home  
(e) Mother's stay BEFORE delivery: \_\_\_\_\_  
IN THIS county 10 years \_\_\_\_\_ months \_\_\_\_\_ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Preston  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho  
5. Date of Birth of Child \_\_\_\_\_  
(Month, day, year) July 18-1897  
6. Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_  
1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Theodore Adrien Montague 16. FULL MAIDEN NAME Bertha Lamoreaux  
11. Color White 12. Age at time of THIS birth 43 1/2 yrs. 17. Color White 18. Age at time of THIS birth 36 yrs.  
13. Birthplace St. Joseph Missouri (City or town) (State or foreign country) 19. Birthplace Farmington Utah (City or town) (State or foreign country)  
14. Exact Occupation Painter-Decorator 20. Exact Occupation Housewife  
15. Industry or Business \_\_\_\_\_ 21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE  
24. I HEREBY CERTIFY That I attended the birth of this child, who was July 18-1897 at 1:40 P. M. on the date July 18-1897 (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by NELLIE L. CLAYTON, who is related to this child as AUNT (First name) (Last name)  
(Mother, etc.)

25. Attendant's OWN signature Nellie L. Clayton M.D. \_\_\_\_\_ Address PRESTON, IDAHO Date SEPT 2, 42  
Midwife \_\_\_\_\_  
State of IDAHO ss. \_\_\_\_\_  
County of FRANKLIN

AFFIDAVIT to be completed when the attendant does not sign in Item 25.  
I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that NELLIE L. CLAYTON (First name) (Last name), who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie L. Clayton Signature  
PRESTON, IDAHO P. O. Address \_\_\_\_\_  
Subscribed and sworn to before me this 2nd day of SEPTEMBER, 19 42.  
(SEAL) Ed Anderson Notary Public, residing at PRESTON, IDAHO  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
MY COMMISSION EXPIRES FEBY 28, 1944  
Received for filing on May 16, 1949 by W. W. Benson, Registrar.



MAY 16 1949

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

961-228-035-152

United States (Be sure the information is as of date of birth of THIS child) State File No. DE49-1519  
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. ....  
 Bureau of Census STATE OF IDAHO Reg. Dist. No. ....

1. PLACE OF BIRTH (a) County of Nez Perce (b) City of Lewiston  
 (c) Street Address or R.F.D. No. ....  
 (d) Name of Hospital or Maternity Home: Born at home  
 (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. .... days.  
 IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)  
 (a) State of Idaho (b) County of Nez Perce  
 (c) City of Lewiston  
 (d) Street Address or R.F.D. No. ....  
 (e) How long has MOTHER lived in Idaho? 1 yrs.  
 (f) Mother's mailing address Lewiston, Idaho

3. RESIDENCE of FATHER (city, state) Lewiston, Idaho  
 4. FULL NAME OF CHILD Zelma Clare Roach  
 5. Date of Birth November 28, 1897  
 (Month, day year)

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd  
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD  
 10. FULL NAME William Charles Roach  
 11. Color or Race White 12. Age at time of THIS birth 34 yrs.  
 13. Birthplace Elyria, Ohio (City or town) (State or foreign country)  
 14. Exact Occupation Steamboat Fireman  
 15. Industry or Business

MOTHER OF CHILD  
 16. FULL MAIDEN NAME Anna Belle Jessup  
 17. Color or Race White 18. Age at time of THIS birth 28 yrs.  
 19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)  
 20. Exact Occupation Housewife.  
 21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Solution - 1%  
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date ..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... who is related to this child as ..... (First name) (Last name)

26. (a) June 9, 1949 (Date received) (b) W. S. Jensen (Registrar's signature)  
 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)  
 27. Given name added on ..... by ..... and address ..... Date .....

State of Idaho } ss.  
 County of Idaho

I, Anna Belle Jessup Roach, being first duly sworn, say that I am related Zelma Clare Roach as Mother. (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Eliza Baum, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)  
Anna Belle Jessup Roach Signature  
3431 Columbia Street P. O. Address  
S Olympia, Washington  
 Subscribed and sworn to before me on this 11th day of May, 1942.  
 (SEAL) Opal Jessel Notary Public, residing at Grangeville, Idaho.  
 My commission expires July 1, 1944.

JUN 9 1949

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-224-013-635

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1532  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Camas</u> (b) City <u>Corral</u> (c) Street Address or R.F.D. No. <u>Corral, Idaho</u> (d) Name of Hospital or Maternity Home: <u>Mother's own home</u> (e) Mothers stay <b>BEFORE</b> delivery: In THIS county <u>11</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Camas</u> (c) City <u>Corral</u> (d) Street Address or R.F.D. No. <u>Corral, Idaho</u> (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Mary Elizabeth Bowerman</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Jan. 24, 1897</u>	
<b>6. Sex</b> <u>Female</u>	<b>7. Twin or Triplet</b> <u>Triplet</u>	<b>8. No. months of Pregnancy</b> <u>9</u>	<b>9. Legitimate?</b> <u>Yes</u>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Albert Chester Bowerman</u>		<b>16. FULL MAIDEN NAME</b> <u>Malinda Ann Fletcher</u>	
<b>11. Color or Race</b> <u>White</u>		<b>17. Color or Race</b> <u>White</u>	
<b>12. Age at time of THIS birth</b> <u>27</u> yrs.		<b>18. Age at time of THIS birth</b> <u>24</u> yrs.	
<b>13. Birthplace</b> <u>Lincoln, Nebraska</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Dallas, Texas</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Farmer</u>		<b>20. Exact Occupation</b> <u>Housewife</u>	
<b>15. Industry or Business</b> <u>Farming</u>		<b>21. Industry or Business</b> <u>Housewife</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> <u>None</u>			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Address** ..... **Date** .....

State of IDAHO } ss. (To be completed when the attendant does not sign in Item 25.)  
County of CEM }  
I, the undersigned, being first duly sworn, say that I am the ..... sister ..... of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 52 years, and that Mary Fletcher (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora E. Larson Signature  
Emmett, Idaho P. O. Address  
Subscribed and sworn to before me this 7th day of June, 1949  
(SEAL) E. H. Ziger Notary Public, residing at Emmett, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on June 13, 1949 by June 13, 1949 Registrar

JUN 13 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

351-203  
007-284  
RECEIVED  
JUN 16 1949

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE49-1548  
Department of Commerce, Bureau of the Census **CERTIFICATE OF BIRTH** Local Reg. No. \_\_\_\_\_  
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Blaine (b) City Hailey  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Blaine  
(c) City Hailey  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Nellie Adeline Teasdale  
5. Date of Birth of Child (Month, day, year) May 3, 1897  
6. Sex female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_  
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. <b>FULL NAME</b> <u>William John Teasdale</u>	16. <b>FULL MAIDEN NAME</b> <u>Eliza Belle Shugart</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>38</u> yrs.	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Elmira N.Y.</u> (City or town) (State or foreign country)	19. Birthplace <u>Wheeling, West Virginia</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Mine Foreman</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

#### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Twin Falls } (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for \_\_\_\_\_ years, and that Mrs. James Duncan who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (First name) (Last name) (Is now deceased) or (Cannot be located)

123 8th Ave. E., Twin Falls, Ida. P. O. Address  
Signature Belle White  
Subscribed and sworn to before me this June day of June 1949  
(SEAL) Arthur K. Jones, Notary Public, residing at Twin Falls  
(Note: Forgery is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 17, 1949 by W. W. Benson, Registrar

JUN 17 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)  
(a) County Washington (b) City Weiser  
(c) Street Address or R.F.D. No.  
(d) Name of Hospital or Maternity Home:  
(e) Mothers stay BEFORE delivery:  
In THIS county 1 years 3 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Washington  
(c) City Weiser  
(d) Street Address or R.F.D. No.  
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)  
5. Date of Birth of Child (Month, day, year) June 15, 1897  
8. No. months of Pregnancy 9 9. Legitimate? Yes

4. FULL NAME OF CHILD Viola Marguerite Sprinkle  
7. Twin or Triplet If so—born 1st, 2nd, 3rd  
6 Sex female

10. FULL NAME William Rufus Sprinkle  
11. Color or Race white 12. Age at time of THIS birth 36 yrs.  
13. Birthplace Tennessee (City or town) (State or foreign country)  
14. Exact Occupation Laborer  
15. Industry or Business

16. FULL MAIDEN NAME Mrs. Viola S. Adams  
17. Color or Race white 18. Age at time of THIS birth 26 yrs.  
19. Birthplace Golden City, Mo. (City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE  
24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

AFFIDAVIT  
State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Washington  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 52 years, and that Mrs. Hooleland who attended this birth is now deceased further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this June 17 day of June, 1949  
(SEAL) W. W. Benson Notary Public, residing at Weiser, Ida.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  
Received for filing on June 17, 1949 by W. W. Benson, Registrar



JUN 17 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-201-003-331  
RECEIVED

JUL 5 1949  
DIVISION OF VITAL STATISTICS

United States  
Department of Commerce  
Bureau of the Census

Ensure the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE49-1618  
Local Reg. No.  
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bannock (b) City Pocatello  
(c) Street Address or R.F.D. No. 507 N. Garfield  
(d) Name of Hospital or Maternity Home:  
(e) Mothers stay **BEFORE** delivery:  
In THIS county 8 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bannock  
(c) City Pocatello  
(d) Street Address or R.F.D. No. 507 N. Garfield  
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Ellen Louise Addy  
5. Date of Birth of Child (Month, day, year) Dec. 1, 1897

6 Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Robert Edward Addy  
11. Color white 12. Age at time of THIS birth 59 yrs.  
13. Birthplace Rochester New York  
(City or town) (State or foreign country)  
14. Exact Occupation Hardware merchant  
15. Industry or Business Hardware store

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Louise Emma Clark  
17. Color white 18. Age at time of THIS birth 29 yrs.  
19. Birthplace Ogden Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** Signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Washington  
County of Snohomish ss.

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the half-brother (To be completed when the attendant does not sign in Item 25.)  
(Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that Dr. Bean of Pocatello, Idaho who attended this birth is deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George A. Addy Signature  
Rt. 2 Box 2038 Edmonds, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of June, 1949  
(SEAL) L. E. Hubbard L. E. Hubbard Notary Public, residing at Edmonds  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

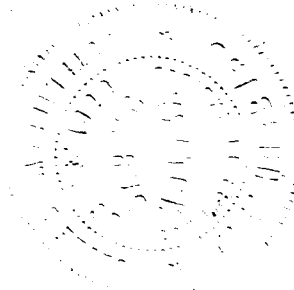
Received for filing on July 6, 1949 by W. W. Benson Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States  
Department of Commerce  
Bureau of the Census

RECEIVED

JUL 13 1949

DIVISION OF VITAL

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. DE49-1641  
Local Reg. No. ....  
Reg. Dist. No. ....

1. PLACE OF BIRTH (At time of this birth)  
(a) County Oneida (b) City Dayton  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: at home  
(e) Mothers stay BEFORE delivery:  
In THIS county 21 years 5 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)  
(a) State Idaho (b) County Oneida  
(c) City Dayton  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? 73 yrs.

3. RESIDENCE OF FATHER (city, state) Dayton Ida  
5. Date of Birth of Child (Month, day, year) 3-7-1897

4. FULL NAME OF CHILD Martha Ellen Taylor

6 Sex Female 7. Twin or Triplet 1st, 2nd, 3rd If so born

8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME William Taylor

11. Color white 12. Age at time of THIS birth 29 yrs.

13. Birthplace Stockton Toullec Co. Utah  
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

16. FULL MAIDEN NAME Ellen Marie Michelson

17. Color white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Hydepark Utah  
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 211

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature ..... M.D. Address ..... Date .....  
Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Washington }  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 73 years of age, that I have known this person for 52 years, and that  
Sarah Chadwick, who attended this birth, is now deceased. I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this July 12 day of July 1949  
(SEAL) Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 12, 1949 by W W Benson Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 14 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1741  
Local Reg. No.  
Reg. Dist. No.

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Cottonwood</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Cottonwood</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>73</u> yrs.	
4. FULL NAME OF CHILD <u>Golda Elizabeth Powell</u>		5. Date of Birth of Child (Month, day, year) <u>1897-Dec</u>	
6 Sex	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate?
10. FULL NAME OF FATHER OF CHILD <u>Perry Newton Powell</u>		16. FULL MAIDEN NAME OF MOTHER OF CHILD <u>Clara Bell Orr</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>35</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>25</u> yrs.
13. Birthplace <u>Richmond Virginia</u> (City or town) (State or foreign country)		19. Birthplace <u>Little Rock Ark</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

**AFFIDAVIT**

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Ada }  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for life years, and that Deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of August 1949  
(SEAL) W. W. Benson Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on Aug 11, 1949 by W. W. Benson, Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 12 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

452-116-007-652

RECEIVED

United States  
Department of Commerce  
Bureau of the Census

OCT 2 1949

Secure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE49-1916  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Bellevue</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: <u>passing through</u> In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Unknown</u> (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>DOW SELBY VAN DE BOGART</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 16, 1897</u>	
6 Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Asa VanDeBogart</u>		16. FULL MAIDEN NAME <u>Carrie Webb</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>40</u> yrs.		18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>Appleton, Wisconsin</u> (City or town) (State or foreign country)		19. Birthplace <u>Dodge Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Laborer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Self-employed</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of California  
County of Humboldt ss.

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 52 years, and that Allean J Webb who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Allean J Webb Signature  
P.O. Box 296 Fortuna Calif. Address  
Subscribed and sworn to before me this 21 day of September 19 49

(SEAL) Will Blomms Notary Public, residing at Fortuna  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 1-914, Idaho Code Annotated.) Humboldt Co, Calif

Received for filing on Oct 2, 1949 by W W Benson, Registrar

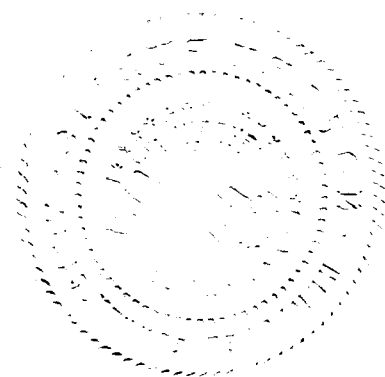


001 3 1243

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-103-044-292

RECEIVED

181949

United States  
Department of Commerce  
Bureau of the Census

Secure the information as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE49-1963  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Mineral</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months <u>7</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County (c) City <u>Mineral</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Robert Earnest Livingston</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 3, 1877</u>	
6 Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	
10. FULL NAME <u>Frederick Thomas Livingston</u>		16. FULL MAIDEN NAME <u>Harriet Leticia Henderson</u>	
11. Color <u>white</u>		17. Color <u>white</u>	
12. Age at time of THIS birth <u>37</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>Cedar Rapids Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Mich.</u> (City or town) (State or foreign country)	
14. Exact Occupation		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>farmer</u>		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum  
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife

State of Washington }  
County of Snohomish } ss.

**AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for since birth years, and that Frederick Thomas Livingston, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Harriet Leticia Livingston \_\_\_\_\_ Signature  
1711-24th St., Everett, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of October, 1949.  
(SEAL) \_\_\_\_\_, Notary Public, residing at Everett  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 19, 1949 by W. Benson, Registrar

UGT 19 1948

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-105-040-282

RECEIVED

NOV 4 1949

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)  
**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. DE49-2005  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Richwood</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>born at home in country</u> (e) Mothers stay BEFORE delivery: In THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Mo.</u> (b) County <u>Washington</u> (c) City <u>Richwood</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>49</u> yrs.	
4. FULL NAME OF CHILD <u>Michael Clifton Gallett</u>		5. Date of Birth of Child (Month, day, year) <u>Dec-5-1947</u>	
6 Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9 mo</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Edward Gallett</u>	16. FULL MAIDEN NAME <u>Lucretia Jane Bagster</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>25</u> yrs.	18. Age at time of THIS birth <u>19</u> yrs.		
13. Birthplace <u>Richwood Mo.</u> (City or town) (State or foreign country)	19. Birthplace <u>Richwood Mo.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>teamster</u>	20. Exact Occupation <u>house wife</u>		
15. Industry or Business	21. Industry or Business		
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>one</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A.M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Lucretia Graft (First name) (Last name)  
who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Mrs Allen Graft Address Richwood Mo. Date 11-1-49

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Shelburne }  
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 25 years of age, that I have known this person for all his life years, and that (First name) (Last name)  
Dr Elders who attended this birth is now deceased I further (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Allen Graft Signature  
Burke Elders P. O. Address

Subscribed and sworn to before me this Nov 4 day of Nov 1949  
(SEAL) Anna K. Baur Notary Public, residing at Waller Id  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 4, 1949 by W W Sencor Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769-216 RECEIVED  
016-699 NOV 10 1949

United States **DIVISION OF VITAL STATISTICS** (For use in the information is as of date of birth of THIS child.)  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **DE49-2027**  
Local Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: <u>At the farm home.</u> (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>15</u> years months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has <b>MOTHER</b> lived in Idaho? <u>15</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Sarah Irene Port</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>12-16-1897</u>	
<b>6 Sex</b> <u>Female</u> <b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd		<b>8. No. months of Pregnancy</b> <u>9</u> <b>9. Legitimate?</b> <u>yes</u>	
<b>FATHER OF CHILD</b> <b>10. FULL NAME</b> <u>James Port</u> <b>11. Color or Race</b> <u>white</u> <b>12. Age at time of THIS birth</b> <u>42</u> yrs. <b>13. Birthplace</b> <u>Franks</u> <u>England</u> (City or town) (State or foreign country) <b>14. Exact Occupation</b> <u>Farmer + stock raiser</u> <b>15. Industry or Business</b>		<b>MOTHER OF CHILD</b> <b>16. FULL MARRIED NAME</b> <u>Annie Catherine Orr</u> <b>17. Color or Race</b> <u>white</u> <b>18. Age at time of THIS birth</b> <u>31</u> yrs. <b>19. Birthplace</b> <u>Filmore, Sweet Co. Utah</u> (City or town) (State or foreign country) <b>20. Exact Occupation</b> <u>House wife</u> <b>21. Industry or Business</b>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>7</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date .....  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

**25. Attendant's OWN signature** ..... **M.D. Address** ..... **Date** .....

**AFFIDAVIT**

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Cassia }  
I, the undersigned, being first duly sworn, say that I am the Sister ..... of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 57 years of age, that I have known this person for 52 years, and that  
Anilda (First name) Ms. Anilda (Last name) who attended this birth Is deceased. I further  
(Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C. D. Mcmurray Signature  
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 7<sup>th</sup> day of November, 1949  
(SEAL) C. S. Larson, Notary Public, residing at Oakley Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 10, 1949 by W. W. Benson, Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

859-207-028-249

RECEIVED

NOV 23 1949

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2061

Local Reg. No. ....

Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

<b>1. PLACE OF BIRTH</b> (All items at time of this birth) (a) County <u>Boonville</u> (b) City <u>Rothdram</u> (c) Street Address or R.F.D. No. .... (d) Name of Hospital or Maternity Home: ..... (e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <u>14</u> years <u>5</u> months days		<b>2. USUAL RESIDENCE OF MOTHER</b> (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boonville</u> (c) City <u>Rothdram</u> (d) Street Address or R.F.D. No. .... (e) How long has <b>MOTHER</b> lived in Idaho? <u>14</u> yrs.	
<b>4. FULL NAME OF CHILD</b> <u>Emily Norma Heitman</u>		<b>5. Date of Birth of Child</b> (Month, day, year) <u>Oct. 7, 1897</u>	
<b>6 Sex</b> <u>7</u>	<b>7. Twin or Triplet</b> If so—born 1st, 2nd, 3rd	<b>8. No. months of Pregnancy</b>	<b>9. Legitimate?</b>
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
<b>10. FULL NAME</b> <u>Charles Lee Heitman</u>		<b>16. FULL MAIDEN NAME</b> <u>Stella Eva Smith</u>	
<b>11. Color or Race</b> <u>W</u>		<b>17. Color or Race</b> <u>W</u>	
<b>12. Age at time of THIS birth</b> <u>40</u> yrs.		<b>18. Age at time of THIS birth</b> <u>31</u> yrs.	
<b>13. Birthplace</b> <u>N. Carolina</u> (City or town) (State or foreign country)		<b>19. Birthplace</b> <u>Cheyenne Wyoming</u> (City or town) (State or foreign country)	
<b>14. Exact Occupation</b> <u>Attorney at Law</u>		<b>20. Exact Occupation</b> <u>House wife</u>	
<b>15. Industry or Business</b>		<b>21. Industry or Business</b> <u>Own Home</u>	
<b>22. Name prophylactic used to prevent Ophthalmia Neonatorum</b> .....			
<b>23. Number of children of this mother:</b> (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

**ATTENDANT'S CERTIFICATE**

**24. I HEREBY CERTIFY** That I attended the birth of this child, who was ..... at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

**25. Attendant's OWN signature** M.D. Address Date  
Midwife

**AFFIDAVIT**

State of Wash } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Spokane }  
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that Mrs. Zina Melder (First name) (Last name) who attended this birth is no longer (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Addie Albough Signature  
W-209 Summer Spokane W.P. O. Address

Subscribed and sworn to before me this 23 day of November, 1949  
(SEAL) Effie B. Olson Notary Public, residing at Spokane  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 23, 1949 by W. L. Benson Registrar

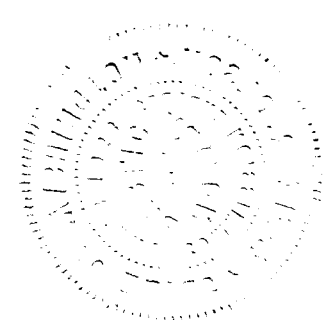


90-29-100

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



792-209-003-819

RECEIVED

United States  
Department of Commerce  
Bureau of the Census

(Use the information as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. DE49-2109

Local Reg. No. ....

Reg. Dist. No. ....

## 1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Lago  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: None

(e) Mothers stay BEFORE delivery:

In THIS county 13 years 2 months 25 days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock  
(c) City Lago  
(d) Street Address or R.F.D. No. ....

(e) How long has MOTHER lived in Idaho? 13 yrs.4. FULL NAME OF CHILD Elizabethanne Gibbs

6 Sex Female 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Lago, Idaho5. Date of Birth of Child (Month, day, year) Apr. 9, 18978. No. months of Pregnancy 9 9. Legitimate? Yes

## FATHER OF CHILD

10. FULL NAME Jonathan Gibbs  
11. Color White 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Willard, Utah  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business 11

## MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ann Harper  
17. Color White 18. Age at time of THIS birth 38 yrs.  
19. Birthplace Brigham City, Utah  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

## ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of California } ss.  
County of Bern

## AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 52 years, and that Mrs. Elvira Bennett who attended this birth. Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of November 1949.

(SEAL)

W. L. Woods, Justice of the Peace Notary Public, residing at Chachapi, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-10-49 by W. W. Benson Registrar

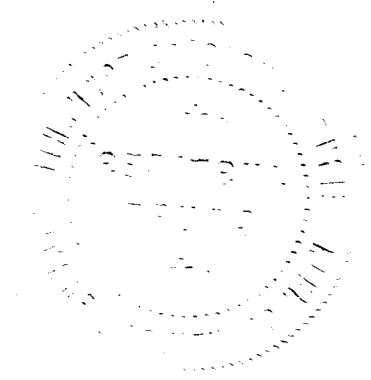
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 12 1943

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

436-223-008-295

RECEIVED

DEC 30 1949

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2165

Local Reg. No.

Reg. Dist. No.

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

1. PLACE OF BIRTH (At time of this birth) (a) County <u>BOISE</u> (b) City <u>HORSESHOE BEND</u> (c) Street Address or R.F.D. No. <u>—</u> (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BOISE</u> (c) City <u>HORSESHOE BEND</u> (d) Street Address or R.F.D. No. <u>—</u> (e) How long has MOTHER lived in Idaho? <u>74</u> yrs.	
4. FULL NAME OF CHILD <u>FARA BLANCHE Mc FARLAND</u>		5. Date of Birth of Child (Month, day, year) <u>DEC. 23, 1897</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
10. FULL NAME <u>WILLIAM E. Mc FARLAND</u>		16. FULL MAIDEN NAME <u>REBECCA JANE BIVENS</u>	
11. Color or Race <u>WHITE</u>	12. Age at time of THIS birth <u>—</u> yrs.	17. Color or Race <u>WHITE</u>	18. Age at time of THIS birth <u>—</u> yrs.
13. Birthplace <u>LATHROP, Mo.</u> (City or town) (State or foreign country)	19. Birthplace <u>PAYETTE, IDAHO</u> (City or town) (State or foreign country)	20. Exact Occupation <u>HOUSEWIFE</u>	
14. Exact Occupation <u>FARMER</u>	21. Industry or Business <u>—</u>	22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>—</u>	
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date — and at the place stated above, and that personal particulars were furnished by — (First name) (Last name) who is related as — (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date  
Midwife

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)  
County of Boise

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Mrs Sam Clarkson (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel J Woods Signature  
Horseshoe Bend, Ida P. O. Address

Subscribed and sworn to before me this 29<sup>th</sup> day of December 1949  
(SEAL) John L. Quinn Notary Public, residing at Horseshoe Bend, Ida  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

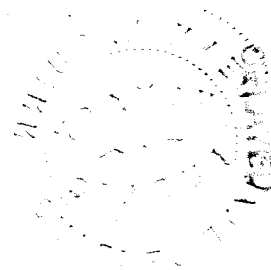
Received for filing on 12-30-49 by W L Benson Registrar

DEC 30 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 50-162  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Percy Al Yarbrough</u>				2. Date (month) (day) (year) Of Birth <u>May 4, 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Shoshone</u>	b. City or Town of Birth <u>Kellogg</u>	
FATHER	6. Full Name of Father <u>Eli Yarbrough</u>				7. State or Country of Father's Birth <u>Oregon</u>	
MOTHER	8. Full Maiden Name of Mother <u>Ethel Crumley</u>				9. State or Country of Mother's Birth <u>California</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Percy Al Yarbrough</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 1</u> 19 <u>55</u>				11. Present Address of Registrant <u>State Soldiers Home</u>	
	12. Signature of Notary <u>Wanda Evans</u>				13. Notary Commission expires <u>May 7</u> 19 <u>55</u>	

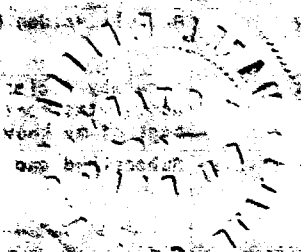
APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Copy of Navy Discharge Paper</u>		By whom issued and signed <u>A. Bloom Lt. (jg)</u>	Date issued <u>11/2/45</u>	Date Orig. Entry <u>2-12-19</u>
	Date of Birth <u>5/4/1897</u>	Birth Place <u>Kellogg, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Dept. of Commerce</u>	Date issued <u>7/5/1950</u>	Date Orig. Entry <u>6/1/1900</u>
	Date of Birth <u>May 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W W Benson</u>	Evidence reviewed by <u>Wanda Evans</u>	Date Filed <u>JUL 10 1956</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

DATE OF BIRTH

JUL 10 1950



693-205-014-945 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. De50-178  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Ida Eleanor Wilson</u>				2. Date of Birth (month) (day) (year) <u>Dec. 5 1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Caldwell Canyon</u>		b. City or Town of Birth <u>Caldwell Idaho</u>		
FATHER	6. Full Name of Father <u>Joseph Good Wilson</u>				7. State or Country of Father's Birth <u>Clayton Ohio</u>		
MOTHER	8. Full Maiden Name of Mother <u>Ida May Rumiser</u>				9. State or Country of Mother's Birth <u>Pittsburgh Pennsylvania</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Ida Eleanor Wilson Williams</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 19 1950</u>				11. Present Address of Registrant <u>Boylston Box 353 Clatskanie Oregon</u>		
	12. Signature of Notary <u>Art Norton</u>				13. Notary Commission Expires <u>Dec 26 1952</u>		

APPLICANT-- DO NOT WRITE BELOW THIS LINE			
SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued
	Canyon County School Record	Tressie E. Nickerson, Canyon County Supt. of Schools	1/13/42
Class <u>B</u>	Date of Birth	Full Name of Mother	Date Orig. Entry
			9-1907
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued
	Child's birth Certificate, Robert Dale Williams, Salt Lake, Utah	Bureau of Vital Statistics	7-5-50
Class <u>B</u>	Date of Birth	Full Name of Mother	Date Orig. Entry
	23 yrs old Idaho		3-16-21
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued
	Child's David Wilson Williams Certificate of birth	Bureau of Vital Statistics Salt Lake, Utah	2-5-50
Class <u>B</u>	Date of Birth	Full Name of Mother	Date Orig. Entry
	29 yrs old Idaho		2-3-27

QUALIFYING INFORMATION	Affidavit of Olive O. McCormick, mother's sister, who was present at the time		
	at the of birth, also, affidavit by R. R. Rumiser, Uncle, member of the household time of		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mark H. Fisher</u>	Date Filed <u>July 18, 1950</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

2 cps pd



**JUL 18 1950**



341 528 101981 10000

*[Faint, illegible markings]*

Page 10

7-10-68

RECEIVED  
JAN 10 1964  
U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C.



DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. de50- 329  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

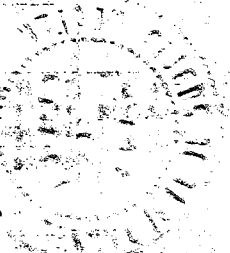
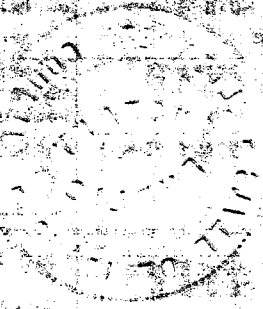
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Elbert Charles Jones</b>				2. Date (month) (day) (year) of Birth <b>February 18, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Washington</b>		b. City or Town of Birth <b>Weiser</b>	
FATHER	6. Full Name of Father <b>Harvey Cicero Jones</b>				7. State or Country of Father's Birth <b>Arkansas</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Susan Saling</b>				9. State or Country of Mother's Birth <b>Idaho</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Elbert Charles Jones</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 9, 1950</i>				11. Present Address of Registrant <b>56 W. Park St. Weiser, Ida.</b>	
					12. Signature of Notary <i>Elizabeth Coulters</i>	
					13. Notary Commission expires <i>Jan 20 1951</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>birth certificate of child</b>		By whom issued and signed <b>Ernest A. Rickard</b>		Date issued <b>Dec. 11, 1923</b>
	Date of Birth <b>26 Yrs</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father
Class* <u>B</u>					
SUPPORTING RECORD 2.	Type of Document <b>Discharge papers</b>		By whom issued and signed <b>H. G. Upham</b>		Date issued <b>2-2-19</b>
	Date of Birth <b>21 Yrs.</b>	Birth Place <b>Weiser, Idaho</b>	Full Name of Mother		Name of Father
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document <b>Operator's License</b>		By whom issued and signed <b>State of Oregon</b>		Date issued <b>8-7-1922</b>
	Date of Birth <b>25 yrs old</b>	Birth Place <b>at that time</b>	Full Name of Mother		Name of Father
Class <u>B</u>					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mark F. Eeder</i>	Date Filed <b>10-18-50</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

OCT 19 1950



753-231-040-247 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. De51-457  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Angelina Sofia Mentena Peterson</u>			2. Date of Birth (month) (day) (year) <u>May 31 1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth and County <u>Gem Idaho Shoshone</u>	6. City or Town of Birth <u>Gem Idaho</u>		
FATHER	6. Full Name of Father <u>John August Peterson</u>			7. State or Country of Father's Birth <u>Sweden</u>		
MOTHER	8. Full Maiden Name of Mother <u>Amanda Burman</u>			9. State or Country of Mother's Birth <u>Sweden</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Mrs Angiel S. Round</u>		11. Present Address of Registrant <u>Wallace Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>December 11 1950</u>			12. Signature of Notary <u>Marie Schenerson</u>		13. Notary Commission expires <u>June 5 1952</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Voting Record</u>		By whom issued and signed <u>Anna K. Battick, Recorder</u>	Date Issued <u>12-19-50</u>	Date Orig. Entry <u>May 1, 1926</u>
	Date of Birth <u>28 yrs old</u>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>School Record</u>		By whom issued and signed <u>Suptt of Public Instruction</u>	Date issued <u>Dec. 19, 1950</u>	Date Orig. Entry <u>1911-12</u>
	Date of Birth <u>15-16 Yrs old</u>	Birth Place	Full Name of Mother <u>Shoshone County</u>	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>B. V. S. Boise, Idaho</u>	Date issued <u>6-10-16</u>	Date Orig. Entry <u>June 7, 1916</u>
	Date of Birth <u>19 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Marie Schenerson</u>	Date Filed <u>1-19-51</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 15 1961



DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De51-510  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>BERTHA ELEANOR LOWARY</u>				2. Date (month) (day) (year) Of Birth <u>DEC</u> <u>10</u> <u>1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth <u>GIFFORD NEZPERCE</u>		b. City or Town of Birth <u>GIFFORD</u>		
FATHER	6. Full Name of Father <u>SAMUEL EZEKIEL LOWARY</u>				7. State or Country of Father's Birth <u>KANSAS USA</u>		
MOTHER	8. Full Maiden Name of Mother <u>HARRIET ELDDLA TIMMONS</u>				9. State or Country of Mother's Birth <u>IOWA USA</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Bertha Eleanor Lowary</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>11-9</u> <u>1950</u>				11. Present Address of Registrant <u>424 SE 6th</u> <u>PENDLETON ORE</u>		
					12. Signature of Notary <u>Guy H Johnson</u>		
					13. Notary Commission expires <u>2-12</u> <u>1951</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <u>Life Insurance Policy</u>		By whom issued and signed <u>Woodmen of the World</u>	Date issued <u>11-1-1939</u>	Date Orig. Entry <u>11-1-39</u>
	Date of Birth <u>42 yrs old</u>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <u>Pauline Rebekah Lodge #13</u>		By whom issued and signed <u>Affidavit, Lodge Record</u>	Date issued <u>2-6-51</u>	Date Orig. Entry <u>2-4-43</u>
	Date of Birth <u>Dec. 10, 1897</u>	Birth Place <u>Lewiston, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <u>Lodge Record</u>		By whom issued and signed <u>Woodmen of the World</u>	Date issued <u>2-2-1951</u>	Date Orig. Entry <u>Nov. 1939</u>
	Date of Birth <u>Dec. 10, 1897</u>	Birth Place	Full Name of Mother	Name of Father	

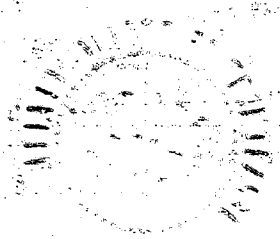
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Malcolm F. Edson</u>	Date Filed <u>Feb. 12, 1951</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 12 1951



DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De51-526  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Francisca Dix Wyman</i>				2. Date of Birth (month) (day) (year) <i>July 2 1897</i>			
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>ada</i>	a. County	b. City or Town of Birth <i>Pearl, Idaho</i>			
FATHER	6. Full Name of Father <i>George Herbert Wyman</i>				7. State or Country of Father's Birth <i>Ohio</i>			
MOTHER	8. Full Maiden Name of Mother <i>Francisca Benita Menchaca</i>				9. State or Country of Mother's Birth <i>California</i>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Francisca Wyman</i>		11. Present Address of Registrant <i>3216 Crescent Rim Dr. Boise Idaho</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 15 1951</i>				12. Signature of Notary <i>Clay Kelsch</i>		13. Notary Commission expires <i>Chief of Supreme Court of Idaho</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Church Record</i>		By whom issued and signed <i>St. John's Cathedral</i>		Date Issued <i>Sep 30, 1902</i>	Date Orig. Entry
	Date of Birth <i>July 2, 1897</i>	Birth Place <i>Pearl, Idaho</i>	Full Name of Mother <i>Francisca Menchaca</i>		Name of Father <i>George Wyman</i>	
SUPPORTING RECORD 2.	Type of Document <i>School Record</i>		By whom issued and signed <i>Boise Public Schools</i>		Date Issued <i>2-15-51</i>	Date Orig. Entry
	Date of Birth <i>July 2, 1897</i>	Birth Place <i>Pearl, Idaho</i>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

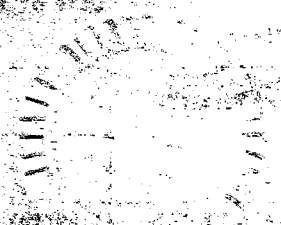
REGISTRAR'S CERTIFICATION  
 (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Mary E. Eeden</i>	Date Filed <i>2-15-51</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



FEB 16 1951



DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De51-539  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mary Elitia Woodson</u>				2. Date (month) (day) (year) Of Birth <u>April 2 1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Challis</u>	a. County <u>Custer</u>	b. City or Town of Birth <u>Challis, Idaho</u>		
FATHER	6. Full Name of Father <u>Wade H. Woodson</u>				7. State or Country of Father's Birth <u>Missouri</u>		
MOTHER	8. Full Maiden Name of Mother <u>Maud E. Jenson</u>				9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mary E. Dillingham</u>		11. Present Address of Registrant <u>914 No. 8 Boise, Id.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 23, 1951.</u>				12. Signature of Notary <u>Alice B. Jenson</u>		13. Notary Commission expires <u>June 15, 1954.</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class <u>B</u>	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>W/ P. Frost</u>	Date issued <u>Sept. '40</u>	Date Orig. Entry <u>Sept. 1940</u>
	Date of Birth <u>4/2/1897</u>	Birth Place <u>Challis, Idaho</u>	Full Name of Mother <u>Maud E. Jenson</u>	Name of Father <u>Wade H. Woodson</u>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <u>Marriage Certificate</u>		By whom issued and signed <u>County Clerk, Challis, Idaho</u>	Date issued <u>11-22-21</u>	Date Orig. Entry <u>11-22-21</u>
	Date of Birth <u>24 yrs old</u>	Birth Place <u>Challis, Idaho</u>	Full Name of Mother <u>Maud E. Jenson</u>	Name of Father <u>Wade H. Woodson</u>	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <u>Child's Birth Certificate</u>		By whom issued and signed <u>State Of Utah</u>	Date issued <u>9-21-27</u>	Date Orig. Entry <u>9-21-27</u>
	Date of Birth <u>30 Yrs old</u>	Birth Place <u>Challis, Idaho</u>	Full Name of Mother <u>Maude E. Jenson</u>	Name of Father <u>Wade H. Woodson</u>	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W W Benson</u>	Evidence reviewed by <u>Carol Bennett</u>	Date Filed <u>2-22-57</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH STATE OF ILLINOIS

NO 23 1961

JUL 27 1961



<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Date of birth: <i>1925-01-15</i></p>	
<p>3. Place of birth: <i>Chicago, Illinois</i></p>		<p>4. Date of death: <i>1961-07-27</i></p>	
<p>5. Cause of death: <i>Heart Disease</i></p>		<p>6. Place of death: <i>Chicago, Illinois</i></p>	
<p>7. Name of father: <i>John Doe</i></p>		<p>8. Name of mother: <i>Jane Doe</i></p>	
<p>9. Date of burial: <i>1961-08-05</i></p>		<p>10. Place of burial: <i>Chicago, Illinois</i></p>	
<p>11. Name of registrar: <i>John Doe</i></p>		<p>12. Signature of registrar: <i>[Signature]</i></p>	

100-55-10

*[Handwritten signature]*

*[Handwritten signature]*

It is hereby certified that the above information has been obtained from the Division of Vital Statistics for the State of Illinois and that the same is true and correct. The date of the birth of the deceased is hereby certified.

881-221-022-719 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. De51-653  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Madeleine Lucille Hyatt</u>			2. Date of Birth (month) (day) (year) <u>September 21 1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Fremont</u>	b. City or Town of Birth <u>St. Anthony</u>		
FATHER	6. Full Name of Father <u>Byron Ernest Hyatt</u>			7. State or Country of Father's Birth <u>Kansas</u>		
MOTHER	8. Full Maiden Name of Mother <u>Mary Alice Parker</u>			9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Mary H. Erstad</u>		11. Present Address of Registrant <u>1010 N. 17th St.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 26, 1951</u>			12. Signature of Notary <u>Mary H. Erstad</u>		13. Notary Commission expires <u>May 7, 1953</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>School Record</u>		By whom issued and signed <u>University of California</u>	Date Issued <u>5-22-47</u>	Date Orig. Entry <u>5-22-47</u>
	Date of Birth <u>9-21-1897</u>	Birth Place <u>St. Anthony, Ida.</u>	Full Name of Mother <u>Mary Alice Parker</u>	Name of Father <u>Byron Ernest Hyatt</u>	
SUPPORTING RECORD 2-	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>State of Idaho</u>	Date Issued <u>12-27-27</u>	Date Orig. Entry <u>12-27-27</u>
	Date of Birth <u>30 Yrs.</u>	Birth Place <u>St. Anthony, Ida.</u>	Full Name of Mother <u>Mary Alice Parker</u>	Name of Father <u>Byron Ernest Hyatt</u>	
SUPPORTING RECORD 3-	Type of Document <u>Life Insurance Policy</u>		By whom issued and signed <u>Idaho Mutual Benefit</u>	Date Issued <u>10-4-47</u>	Date Orig. Entry <u>10-4-47</u>
	Date of Birth <u>9-21-1897</u>	Birth Place <u>St. Anthony, Idaho</u>	Full Name of Mother <u>Mary Alice Parker</u>	Name of Father <u>Byron Ernest Hyatt</u>	

QUALIFYING  
INFORMATION

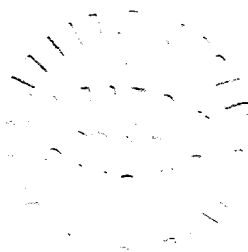
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Carol Bennett</u>	Date Filed <u>3-26-57</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

MAR 27 1951

MAY 1 1967

DEC 15 1967



# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-848  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Lula Matilda Sten</u>			2. Date (month) (day) (year) Of Birth <u>February 23, 1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Moscow, Idaho, Latah</u>	b. City or Town of Birth <u>Moscow, Idaho</u>		
FATHER	6. Full Name of Father <u>Ludwig Martinus Sten</u>			7. State or Country of Father's Birth <u>Namsos Norway</u>		
MOTHER	8. Full Maiden Name of Mother <u>Louisa Guarina Grande</u>			9. State or Country of Mother's Birth <u>Namsos Norway</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Lula Matilda Sten Brown</u>		11. Present Address of Registrant <u>310-50 Van Buren Moscow Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 19, 1951</u>			12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>July 25, 1954</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Idaho Mutual Benefit Assoc.</u>	Date issued	Date Orig. Entry <u>10-21-38</u>
	Date of Birth <u>Feb. 23, 1897</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-  Class <u>A</u>	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>	Date issued	Date Orig. Entry <u>Feb. 23, 1897</u>
	Date of Birth <u>Feb. 23, 1897</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-  Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>May 22, 1951</u>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH  
STATE OF DELAWARE

MAY 22 1951

State of Delaware  
County of Kent  
I, the undersigned, Clerk of the County of Kent, do hereby certify that on the 22nd day of May, 1951, at the City of Dover, Delaware, a male child was born to the wife of [Name], and the name of the child is [Name].  
Witness my hand and the seal of the County of Kent, this 22nd day of May, 1951.

State of Delaware  
County of Kent  
I, the undersigned, Clerk of the County of Kent, do hereby certify that on the 22nd day of May, 1951, at the City of Dover, Delaware, a male child was born to the wife of [Name], and the name of the child is [Name].  
Witness my hand and the seal of the County of Kent, this 22nd day of May, 1951.

State of Delaware  
County of Kent  
I, the undersigned, Clerk of the County of Kent, do hereby certify that on the 22nd day of May, 1951, at the City of Dover, Delaware, a male child was born to the wife of [Name], and the name of the child is [Name].  
Witness my hand and the seal of the County of Kent, this 22nd day of May, 1951.

State of Delaware  
County of Kent  
I, the undersigned, Clerk of the County of Kent, do hereby certify that on the 22nd day of May, 1951, at the City of Dover, Delaware, a male child was born to the wife of [Name], and the name of the child is [Name].  
Witness my hand and the seal of the County of Kent, this 22nd day of May, 1951.

State of Delaware  
County of Kent  
I, the undersigned, Clerk of the County of Kent, do hereby certify that on the 22nd day of May, 1951, at the City of Dover, Delaware, a male child was born to the wife of [Name], and the name of the child is [Name].  
Witness my hand and the seal of the County of Kent, this 22nd day of May, 1951.

State of Delaware  
County of Kent  
I, the undersigned, Clerk of the County of Kent, do hereby certify that on the 22nd day of May, 1951, at the City of Dover, Delaware, a male child was born to the wife of [Name], and the name of the child is [Name].  
Witness my hand and the seal of the County of Kent, this 22nd day of May, 1951.

RECEIVED DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO  
 MAY 12 1950

State File No. De51-905  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Vivian Hazel Landes</i>				2. Date of Birth <i>April 23 1897</i>	
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth <i>Murray Idaho</i>		b. City or Town of Birth <i>Murray Idaho</i>	
FATHER	6. Full Name of Father <i>Clarence C. Landes</i>				7. State or Country of Father's Birth <i>Washington U.S.</i>	
MOTHER	8. Full Maiden Name of Mother <i>Mamie Emeline Ledgerwood</i>				9. State or Country of Mother's Birth <i>Oregon U.S.</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Vivian H. North</i>		11. Present Address of Registrant <i>1915 NE 57 Portland Ore</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>4-30 1951</i>			12. Signature of Notary <i>W M Evans</i>		13. Notary Commission expires <i>4-9 1955</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>A</u>	Type of Document <i>Newspaper Announcement of</i>		By whom issued and signed <i>the birth, Coeur d'Alene Sun</i>	Date issued <i>4-30-1897</i>	Date Orig. Entry <i>same</i>
	Date of Birth <i>Age 35</i>	Birth Place <i>Murray, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <i>Child's Birth Certificate</i>		By whom issued and signed <i>D.L. Huxtable, State Registrar</i>	Date issued <i>May 24, 1951</i>	Date Orig. Entry <i>Nov 10, 1932</i>
	Date of Birth <i>Age 35</i>	Birth Place <i>Murray, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-  Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

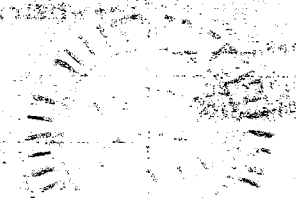
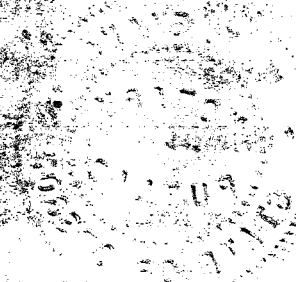
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W W Benson</i>	Evidence reviewed by <i>Joyce B. Feltz</i>	Date Filed <i>6-1-51</i>
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\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



JUN 1 1951



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-213-001-693

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. De51-991  
Local Reg. No. ....  
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. North Ninth Street  
(d) Name of Hospital or Maternity Home: .....  
(e) Mother's stay **BEFORE** delivery:  
IN THIS county years 4 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. North Ninth St.  
(e) How long has **MOTHER** lived in Idaho? 4 mos. yrs.  
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Julia Rachel Shipman  
5. Date of Birth of Child  
(Month, day, year) Sept. 13, 1897  
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** John Shipman  
11. Color White 12. Age at time of THIS birth 42 yrs.  
13. Birthplace Oshawa, Ontario, Canada  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business Farmer

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Jane Wilson, (known as Jennie)  
17. Color White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Timiskillen, Ontario, Canada  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 a. M. on the date (Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Mary Jane Shipman Henson who is related to this child as Mother (Mother, etc.)  
(Jennie) (Last name)

25. Attendant's M.D. Deceased  
**OWN** signature Midwife Address Date

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Dr. Fairchild who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)  
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Shipman Henson Signature  
2217 North 30th Street P. O. Address

Subscribed and sworn to before me this 14th day of June, 1943  
(SEAL) Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 21, 1951 by W. I. Benson, Registrar.

SEP 15 1967

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

685-222-040-963

REC'D JUL 9 1951

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De 51-1033  
Local Reg. No. 1  
Reg. Dist. No. 14a

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County SHOSHONE (b) City MULLAN  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county 5 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State IDAHO (b) County SHOSHONE  
(c) City MULLAN  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) MULLAN, IDAHO
4. **FULL NAME OF CHILD** FRANCES MAE WHEATLEY
5. Date of Birth of Child (Month, day, year) JULY 22, 1947
6. Sex FEMALE 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy 9 9. Legitimate? YES
- FATHER OF CHILD**
10. **FULL NAME** RICHARD WHEATLEY
11. Color or Race WHITE 12. Age at time of THIS birth 42 yrs.
13. Birthplace AVOCA IRELAND  
(City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** MARTHA ANN ROLLSTONE
17. Color or Race WHITE 18. Age at time of THIS birth 36 yrs.
19. Birthplace ENGLAND  
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business \_\_\_\_\_
22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)
25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

**AFFIDAVIT**

State of IDAHO } ss.  
County of SHOSHONE }  
I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 54 years, and that FRANCES MRS. MULKEY who attended this birth IS DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. H. Wheatley Signature  
Box 873 P. O. Address

Subscribed and sworn to before me this 96th day of June, 1951.  
(SEAL) J. F. North Notary Public, residing at MULLAN  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on July 5 - 1951 by John Power Registrar

Notary Public Residing at MULLAN, IDAHO  
My Commission Expires January 3, 1952

JUL 10 1951

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

553-220-06599

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De51-1071  
Local Reg. No. ....  
Reg. Dist. No. ....

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bear Lake (b) City Grace  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: Home  
(e) Mothers stay **BEFORE** delivery:  
In THIS county        years        months        days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bear Lake  
(c) City Grace  
(d) Street Address or R.F.D. No. ....  
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace, Idaho  
4. **FULL NAME OF CHILD** Martha Rosetta Nelson  
5. Date of Birth of Child (Month, day, year) July 20, 1897  
6 Sex Female 7. Twin or Triplet        If so—born 1st, 2nd, 3rd         
8. No. months of Pregnancy 9 9. Legitimate? Yes

**FATHER OF CHILD**  
10. **FULL NAME** Eddie Nelson  
11. Color or Race White 12. Age at time of THIS birth 34 yrs.  
13. Birthplace Soda Springs, Idaho  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business       

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Mary Erickson  
17. Color or Race White 18. Age at time of THIS birth 28 yrs.  
19. Birthplace Denmark  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business       

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ....  
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was        at        M. on the date        and at the place stated above, and that personal particulars were furnished by        (First name) (Last name) who is related as        (Mother, etc.)

25. Attendant's **OWN** signature        M.D. Address        Date         
Midwife       

State of Ada } ss. **AFFIDAVIT**  
County of Boise } (To be completed when the attendant does not sign in Item 25.)  
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 54 years, and that Annie Nelson who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20 day of July 1951  
(SEAL) W. H. Nelson Notary Public, residing at Boise, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 20, 1951 by W. H. Nelson, Registrar

III 23 1901

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

354-127-001-363

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. De51-1086  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Ada (b) City Boise  
(c) Street Address or R.F.D. No. 7th & Hays  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Ada  
(c) City Boise  
(d) Street Address or R.F.D. No. 7th & Hays  
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Clarence Jacob Lemp
5. Date of Birth of Child July 27  
(Month, day, year) 1897
- 6 Sex Male 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd \_\_\_\_\_
8. No. months of Pregnancy (9) 9. Legitimate? (9)

- | FATHER OF CHILD                          |  | MOTHER OF CHILD   |   |
|--|--|---|---|
| 10. FULL NAME <u>Jacob Lemp</u>          | 16. FULL MAIDEN NAME <u>Mary Colup Lemp</u>  | 11. Color <u>White</u>  | 17. Color <u>White</u>  |
| 12. Age at time of THIS birth _____ yrs. | 18. Age at time of THIS birth <u>22</u> yrs. | 13. Birthplace <u>Heidelberg Germany</u><br>(City or town) (State or foreign country) | 19. Birthplace <u>Alburnett Iowa</u><br>(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Brewer</u>       | 20. Exact Occupation <u>Housewife</u>        | 15. Industry or Business _____  | 21. Industry or Business _____  |

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ who is related as \_\_\_\_\_ (Mother, etc.)
25. Attendant's OWN signature Mary C Lemp M.D. Address 722 Franklin Date 5-10-51  
W. W. Benson Midwife

State of \_\_\_\_\_ } ss. **AFFIDAVIT**  
County of \_\_\_\_\_ } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_ of the person whose name appears in Item 4, above, that I am now \_\_\_\_\_ years of age, that I have known this person for \_\_\_\_\_ years, and that \_\_\_\_\_, who attended this birth \_\_\_\_\_ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
(First name) (Last name) (Is now deceased) or (Cannot be located)

ed under Chapter 135, 1937 Session Laws.

\_\_\_\_\_  
Signature  
P. O. Address  
Subscribed and sworn to before me this 10 day of May, 1951  
(SEAL) W. W. Benson Notary Public, residing at Boise  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 26, 1951 by W. W. Benson, Registrar



AUG 26 1968

JUL 26 1961

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

369-219-025-795

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

AUG 20 1951

DIVISION OF VITAL STATISTICS

Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-1157

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

## 1. PLACE OF BIRTH (At time of this birth)

(a) County Elmore (b) City Forest River  
(c) Street Address or R.F.D. No. \_\_\_\_\_  
(d) Name of Hospital or Maternity Home: at home.

(e) Mothers stay BEFORE delivery:  
In THIS county years months days

## 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City \_\_\_\_\_  
(d) Street Address or R.F.D. No. \_\_\_\_\_  
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

## 4. FULL NAME OF CHILD

Theresa or Teresina Cozzetto

6 Sex Female 7. Twin or Triplet \_\_\_\_\_ If so—born 1st, 2nd, 3rd 1st.

## 3. RESIDENCE OF FATHER (city, state) about 3 1/2 yrs

5. Date of Birth of Child (Month, day, year) April 19, 1897

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

### FATHER OF CHILD

10. FULL NAME Mike or Michele Cozzetto  
11. Color or Race Italian 12. Age at time of THIS birth 31 yrs.  
13. Birthplace Italy (City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \_\_\_\_\_

### MOTHER OF CHILD

16. FULL MAIDEN NAME Nicolaia Presta  
17. Color or Race Italian 18. Age at time of THIS birth 21 yrs.  
19. Birthplace Italy (City or town) (State or foreign country)  
20. Exact Occupation House wife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State California  
County San Joaquin } ss.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 53 years, and that Mrs. E. Rizer Kaiser who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

### AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

uncle of the person whose name appears (Mother, etc.)

I have known this person for 53 years, and that

who attended this birth is now deceased I further (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Michael Presta Signature  
Rt. 1, Box 150, Liberty, Calif. Address

Subscribed and sworn to before me this 14 day of March, 1951

(SEAL) Edward J. Ruff Notary Public, residing at San Jose, Calif.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 20, 1951 by W. W. Benson, Registrar

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

50 5 1951  
DELAYED

**RECEIVED**  
**DELETED CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**  
**JUN 20 1951**

State File No. De51-1171  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's full name at birth <i>Agnes Cecile Mitchell</i>				2. Date of Birth (month) (day) (year) <i>7 4 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>female</i>	5. Place of Birth <i>Canyon</i>	a. County	b. City or Town of Birth <i>Caldwell Idaho</i>		
FATHER	6. Full Name of Father <i>James Ernest Mitchell</i>				7. State or Country of Father's Birth <i>Ohio</i>		
MOTHER	8. Full Maiden Name of Mother <i>May Edna Callahan</i>				9. State or Country of Mother's Birth <i>Iowa</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Agnes Bodle</i>		11. Present Address of Registrant <i>5621 NE 25th Oregon</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 5th 1951</i>				12. Signature of Notary <i>F. Amos Thomas</i>		13. Notary Commission expires <i>Sept 20 1953</i>

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

SUPPORTING RECORD 1.	Type of Document Affidavit		By whom issued and signed Margaret Mitchell	Date Issued June 5, 1951	Date Orig. Entry
	Date of Birth July 4, 1897	Birth Place Caldwell, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document Affidavit		By whom issued and signed Pearl Brown	Date Issued 7-28-51	Date Orig. Entry
	Date of Birth 7-4-1897	Birth Place Caldwell, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document Affidavit		By whom issued and signed Ida F. McCarty	Date Issued 8-17, 1951	Date Orig. Entry
	Date of Birth 7-4-1897	Birth Place Caldwell, Idaho	Full Name of Mother	Name of Father	

**QUALIFYING INFORMATION**

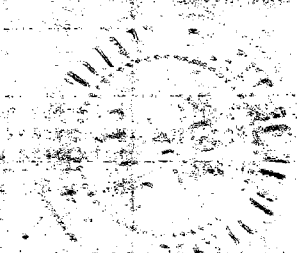
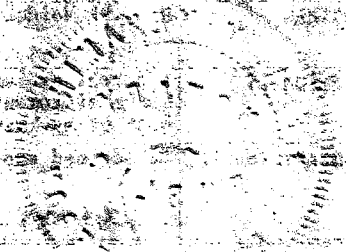
**REGISTRAR'S CERTIFICATION**  
 (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Mary Keeler</i>	Date Filed Aug. 27, 1951

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

AUG 27 1964

13800



# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-2008  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Calvin Raymond Horsey</u>				2. Date of Birth (month) (day) (year) <u>12 - 16 - 98</u>			
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Meridian</u>	a. County <u>Ada</u>	b. City or Town of Birth <u>Meridian, Idaho</u>			
FATHER	6. Full Name of Father <u>Albert Morton Horsey</u>				7. State or Country of Father's Birth <u>Iowa</u>			
MOTHER	8. Full Maiden Name of Mother <u>Emma May Ritchie</u>				9. State or Country of Mother's Birth <u>Idaho</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Calvin Raymond Horsey</u>		11. Present Address of Registrant <u>4713 Irving - Boise, Ida.</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Aug 31 1951</u>		12. Signature of Notary <u>Edna Johnson</u>		13. Notary Commission expires <u>6/29 1955</u>			

## APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class <u>B</u>	Type of Document <u>Child's Birth Certificate</u>		By whom issued and signed <u>Filed with the Bureau of Vital Statistics, Boise #211209</u>		Date issued <u>1-3-29</u>	Date Orig. Entry <u>1-3-29</u>
	Date of Birth <u>31 years old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2-  Class <u>R</u>	Type of Document <u>Honorable Discharge</u>		By whom issued and signed <u>U. S. Army</u>		Date issued	Date Orig. Entry <u>June 26, 1916</u>
	Date of Birth <u>19-years old</u>	Birth Place <u>Nampa, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Cecelia Sailor</u>		Date issued <u>Sept 1, 1951</u>	Date Orig. Entry
	Date of Birth <u>12-16-1897</u>	Birth Place <u>Meridian</u>	Full Name of Mother		Name of Father	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. J. Benson</u>	Evidence reviewed by <u>Mary Fleen</u>	Date Filed <u>8-31-51</u>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

SECRET

1990

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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Am. Soc. of Civil Engineers

1960-1961

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

*[Faint handwritten notes at the bottom of the page]*

**THE UNIVERSITY OF CHICAGO**

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*Journal of Management Education* 30(6)

SECRET

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE MARKINGS.

**SECRET**

10-10-68

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1. The following information was obtained from the records of the Federal Bureau of Investigation, Bureau of Prisons, and the United States Department of Justice, Office of the Inspector General, regarding the activities of the following individuals:

861-20-035-366 RECEIVED DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 DEC 19 1951  
 DIVISION OF VITAL  
 STATE OF IDAHO

State File No. De51-2308  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>OTTO TOWNSEND HOAGLAND</b>				2. Date (month) (day) (year) Of Birth <b>JANUARY 20 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>IDAHO</b>		6. City or Town of Birth <b>LEWISTON</b>		
FATHER	6. Full Name of Father <b>JOHN ABRAHAM HOAGLAND</b>				7. State or Country of Father's Birth <b>UTAH - U.S.A.</b>		
MOTHER	8. Full Maiden Name of Mother <b>MAE LOUISE TOWNSEND</b>				9. State or Country of Mother's Birth <b>MICHIGAN - U.S.A.</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Townsend Hoagland</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>December 15 19 51</b>				11. Present Address of Registrant <b>11 Belle Ave. SAN ANSELMO CALIF.</b>		
					12. Signature of Notary <i>Frederick Anderson</i>		
					13. Notary Commission expires <b>Aug. 26 19 52</b>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Affidavit by mother</b>		By whom issued and signed <b>Mae Louise Hoagland</b>	Date Issued <b>Dec. 15, 1951</b>	Date Orig. Entry
	Date of Birth <b>Jan. 20, 1897,</b>	Birth Place <b>Lewiston, Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>	Date issued	Date Orig. Entry <b>1920</b>
	Date of Birth <b>23 yrs. old,</b>	Birth Place <b>Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <b>Honorable Discharge</b>		By whom issued and signed <b>U. S. Army</b>	Date issued	Date Orig. Entry <b>May 28, 1918</b>
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class <u>B</u>	Age— <b>21 years and 4 months</b>				

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mabel E. Benson</i>	Date Filed <b>Dec. 19, 1951</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

State Registrar

Evidence reviewed by

Date filed

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts set forth in the foregoing abstract.

QUALIFYING INFORMATION

SUPPORTING RECORD 2

Type of Document

By whom issued and signed

Date of birth

SUPPORTING RECORD 1

Type of Document

By whom issued and signed

Date of birth

SUPPORTING RECORD

Type of Document

By whom issued and signed

Date of birth

APPLICANT

DO NOT WRITE BELOW THIS LINE

By whom issued and signed

AFFIDAVIT

I hereby declare upon oath that the facts herein stated are true to the best of my knowledge and belief.

By whom issued and signed

MOTHER

Full Name of Mother

By whom issued and signed

FATHER

Full Name of Father

By whom issued and signed

REGISTRANT

Registration No.

By whom issued and signed

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2386  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>CLIFFORD FLETCHER HARRIS</u>				2. Date (month) (day) (year) Of Birth <u>October 16<sup>th</sup> 1897</u>	
	3. Color or Race <u>WHITE</u>	4. Sex <u>MALE</u>	5. Place of Birth a. County <u>LATAH</u>		b. City or Town of Birth <u>IDAHO</u>	
FATHER	6. Full Name of Father <u>OLIVER CAMPBELL HARRIS</u>				7. State or Country of Father's Birth <u>IDAHO</u>	
MOTHER	8. Full Maiden Name of Mother <u>ANNE JOSEPHINE GREEN</u>				9. State or Country of Mother's Birth <u>KANSAS</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>C. F. Harris</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 19<sup>th</sup> 1907</u> 19 <u>07</u>				11. Present Address of Registrant <u>GEORGE WICK ALBERTA</u>	
					12. Signature of Notary <u>W. W. Benson</u>	
					13. Notary Commission expires <u>Dec 31<sup>st</sup> 1907</u>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Census Record</u>		By whom issued and signed Department of Commerce Bureau of the Census	Date issued <u>1900 Census</u>	Date Orig. Entry
	Date of Birth <u>2 yrs old</u>	Birth Place <u>Idaho</u> <u>Oct, 1897</u>	Full Name of Mother <u>Alase Harris</u>	Name of Father <u>Oliver C. Harris</u>	
SUPPORTING RECORD 2.	Type of Document <u>Honorable Discharge</u>		By whom issued and signed <u>Canadian Expeditionary Force</u>	Date issued	Date Orig. Entry <u>June 25, 1919</u>
	Date of Birth <u>21 yrs old</u>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class					

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel K. Eads</u>	Date Filed <u>Jan 24, 1952</u>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAR 4 1953

JAN 24 1952

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2482  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Ruth Mandell</u>				2. Date (month) (day) (year) Of Birth <u>January 16 1897</u>			
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Hailey</u>		a. County <u>Blaine</u>			b. City or Town of Birth <u>Hailey</u>
FATHER	6. Full Name of Father <u>Frank Chittenden Mandell</u>				7. State or Country of Father's Birth <u>Michigan</u>			
MOTHER	8. Full Maiden Name of Mother <u>Martha Amelia Johnson</u>				9. State or Country of Mother's Birth <u>Iowa</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Ruth M. Kumpf</u>		11. Present Address of Registrant <u>Wichita 8, Kansas</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Feb 19 1952</u>		12. Signature of Notary <u>Aileen Bangsawer</u>		13. Notary Commission expires <u>Dec. 19 1953</u>			

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Newspaper Notice</u>		By whom issued and signed <u>The Hailey Times</u>		Date issued <u>1-25-52</u>	Date Orig. Entry <u>1-19-1897</u>
	Date of Birth <u>Jan. 16, 1897,</u>	Birth Place <u>Hailey, Idaho</u>	Full Name of Mother		Name of Father <u>Frank C. Mandell</u>	
SUPPORTING RECORD 2-	Type of Document <u>School Record</u>		By whom issued and signed <u>Blaine County Class A. School Dist.</u>		Date issued <u>Sept. 1909</u>	Date Orig. Entry
	Date of Birth <u>Jan. 16, 1897,</u>	Birth Place <u>Hailey, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
W. W. Benson

Evidence reviewed by  
Mary F. Fiedler

Date Filed  
2-21-52

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

State File No. 2-2-25

Local File No. 10

Reg. Dist. No. 10

Month (month) 10

Year 1932

Place of Birth

State of Kansas

County of Kansas

City of Kansas

Street address of Registrar

Michigan & Kansas

County Commission Expires

1932

1-1-32

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DELAYED CERTIFICATE OF BIRTH

STATE OF KANSAS

Full Name of Child

Place of Birth

State of Kansas

County of Kansas

City of Kansas

Street address of Registrar

Michigan & Kansas

County Commission Expires

1932

1-1-32

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State File No. 2-2-25

Local File No. 10

Reg. Dist. No. 10

Month (month) 10

Year 1932

Place of Birth

State of Kansas

County of Kansas

City of Kansas

Street address of Registrar

Michigan & Kansas

County Commission Expires

1932

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I hereby certify that no other birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

State Registrar

W. W. Johnson

Class & Records are those made and dated before the registration of the birth of the child. Records are those made after the registration of the birth of the child.

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De52-2483  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>RALPH VERNON BROWER.</b>			2. Date (month) (day) (year) Of Birth <b>September 17, 1897</b>		
	3. Color or Race <b>White.</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Fremont County</b>	6. City or Town of Birth <b>Parker, Idaho.</b>		
FATHER	6. Full Name of Father <b>JONATHAN HUSSEY BROWER</b>			7. State or Country of Father's Birth <b>Cache County, Utah.</b>		
MOTHER	8. Full Maiden Name of Mother <b>MARY HANNAH HINCKS</b>			9. State or Country of Mother's Birth <b>Cache County, Utah.</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ralph V. Brower</i>		11. Present Address of Registrant <b>St. Anthony, Idaho.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>20th Feb.</i> 1952			12. Signature of Notary <i>W. W. Benson</i>		13. Notary Commission expires <i>Feb. 26 Election 1952</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Church Record</b>		By whom issued and signed <b>L. D. S. Church, Baptised</b>	Date issued	Date Orig. Entry <b>8-4-1906</b>
	Date of Birth <b>Sept. 17, 1897,</b>	Birth Place <b>Parker, Idaho</b>	Full Name of Mother <b>Mary H. Hencks</b>	Name of Father <b>Jonathan H. Brower</b>	
SUPPORTING RECORD 2-	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>	Date issued <b>1900 Census</b>	Date Orig. Entry
	Date of Birth <b>2yrs old, Sept. 1897,</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Mary H and</b>	Name of Father <b>Jno. H. Brower</b>	
SUPPORTING RECORD 3-	Type of Document <b>School Record</b>		By whom issued and signed <b>County Sup't Fremont County</b>	Date issued <b>Dec. 14, 1951</b>	Date Orig. Entry <b>1905-6</b>
	Date of Birth <b>8 yrs old</b>	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mary H. Hencks</i>	Date Filed <b>Feb. 22, 1952</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DELAID CERTIFICATE OF BIRTH STATE OF UTAH

State of Utah  
Local Reg. No.  
Reg. Dist. No.  
Date Filed  
1925

1. Date of Birth  
2. Sex  
3. Place of Birth  
4. Name of Father  
5. Name of Mother  
6. Name of Child  
7. State or County of Father's Birth  
8. State or County of Mother's Birth  
9. Present Address of Registrant  
10. Signature of Registrant  
11. Signature of Registrar

12. Signature of Registrar  
13. Signature of Registrar  
14. Signature of Registrar  
15. Signature of Registrar  
16. Signature of Registrar  
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97. Signature of Registrar  
98. Signature of Registrar  
99. Signature of Registrar  
100. Signature of Registrar



Class	Record	Date of Birth	Place of Birth	Name of Father	Name of Mother	Name of Child	State or County of Father's Birth	State or County of Mother's Birth	Present Address of Registrant	Signature of Registrant	Signature of Registrar
1	RECORD 1	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
2	RECORD 2	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
3	RECORD 3	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
4	RECORD 4	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
5	RECORD 5	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
6	RECORD 6	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
7	RECORD 7	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
8	RECORD 8	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
9	RECORD 9	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]
10	RECORD 10	1925	Utah	John Doe	Jane Doe	John Doe	Utah	Utah	123 Main St, Salt Lake City, Utah	[Signature]	[Signature]

1. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documents have been reviewed which substantiate the facts as set forth in the foregoing certificate.

2. State Registrar  
[Signature]

3. Date Filed  
1925

395-114-009-299

RECEIVED

(Be sure the information is as of date of birth of THIS child.)

State File No. De52-2517

United States  
Department of Commerce  
Bureau of the Census

**CERTIFICATE OF BIRTH**  
DIVISION OF VITAL STATISTICS  
STATE OF IDAHO

Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of birth)  
(a) County Bonner (b) City Boyer  
(c) Street Address or R.F.D. No. None  
(d) Name of Hospital or Maternity Home: None  
(e) Mothers stay **BEFORE** delivery:  
In THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bonner  
(c) City Boyer  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boyer, Idaho

4. **FULL NAME OF CHILD** CARL LINEHAM  
5. Date of Birth of Child (Month, day, year) Oct. 14, 1897

6 Sex Male 7. Twin or Triplet \* \* If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy Nine 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Angus McIntyre Lineham  
11. Color or Race White 12. Age at time of THIS birth 37 yrs.  
13. Birthplace Ontario, Canada  
(City or town) (State or foreign country)  
14. Exact Occupation Farmer  
15. Industry or Business \* \* \*
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Vesta Briscoe  
17. Color or Race White 18. Age at time of THIS birth 23 yrs.  
19. Birthplace Bentonville, Benton Co., Ark.  
(City or town) (State or foreign country)  
20. Exact Occupation Housewife  
21. Industry or Business \* \* \*

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ (Born alive, stillborn) \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Washington } ss. **AFFIDAVIT**  
County of Walla Walla } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Elizabeth Briscoe (my mother) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lourotha White Signature  
Waitsburg, Washington P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 52

(SEAL) \_\_\_\_\_ Notary Public, residing at Waitsburg, Washington.  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 6, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record type writer ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



## **DELAYED REGISTRATION LAW**

**(1937 Session Laws, Chapter 139, Section 4)**

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 6 1952

DELAY

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2533  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Agnes Elizabeth Edie</b>				2. Date of Birth (month) (day) (year) <b>November 26 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>female</b>	5. Place of Birth <b>Nampa</b>	a. County <b>Canyon</b>	b. City or Town of Birth <b>Nampa, Idaho</b>	
FATHER	6. Full Name of Father <b>Joseph Alexander Edie</b>				7. State or Country of Father's Birth <b>Virginia</b>	
MOTHER	8. Full Maiden Name of Mother <b>Martha Aldonia Daly</b>				9. State or Country of Mother's Birth <b>Kansas</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Agnes Elizabeth Edie</i> with <i>Agnes E. Masterson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>February 4 19 52</b>				11. Present Address of Registrant <b>Route #3, Boise</b>	
					12. Signature of Notary <i>Leah M. Smith</i>	
					13. Notary Commission expires <b>August 25 19 55</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-  Class <u>A</u>	Type of Document <b>Baptismal Record</b>		By whom issued and signed <b>St. Michael's Parish</b>	Date issued <b>1-21-52</b>	Date Orig. Entry <b>June 17, 1900</b>
	Date of Birth <b>Nov. 26, 1897</b>	Birth Place <b>Nampa, Idaho</b>	Full Name of Mother <b>Martha A. Edie</b>	Name of Father <b>Joseph Alexander Edie</b>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <b>School Record</b>		By whom issued and signed <b>Boise Public Schools</b>	Date issued <b>1-23-52</b>	Date Orig. Entry <b>1904-05</b>
	Date of Birth <b>7 years old</b>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-  Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mary Hecker</i>	Date Filed <b>March 12, 1952</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

DEC 27

State File No. 100-10000  
Local File No. 100-10000  
Reg. Dist. No. 100-10000

<p>1. Name of child at birth <b>William Alexander Ellis</b></p>		<p>2. Date of birth <b>November 20 1897</b></p>	
<p>3. Place of birth <b>Delaware</b></p>		<p>4. City or town of birth <b>Wilmington</b></p>	
<p>5. Name of father <b>William Alexander Ellis</b></p>		<p>6. Name of mother <b>Ellen M. Ellis</b></p>	
<p>7. State or County of father's birth <b>Virginia</b></p>		<p>8. State or County of mother's birth <b>Virginia</b></p>	
<p>9. Signature of Registrar <i>[Signature]</i></p>		<p>10. Signature of Notary <i>[Signature]</i></p>	
<p>11. Present Address of Registrar <b>Wilmington, Delaware</b></p>		<p>12. Notary Commission Expires <b>August 25 1900</b></p>	
<p>13. Date of birth <b>1-20-98</b></p>		<p>14. Name of father <b>William Alexander Ellis</b></p>	
<p>15. Date of birth <b>1-20-98</b></p>		<p>16. Name of mother <b>Ellen M. Ellis</b></p>	
<p>17. Date of birth <b>1-20-98</b></p>		<p>18. Name of father <b>William Alexander Ellis</b></p>	
<p>19. Date of birth <b>1-20-98</b></p>		<p>20. Name of mother <b>Ellen M. Ellis</b></p>	
<p>21. Date of birth <b>1-20-98</b></p>		<p>22. Name of father <b>William Alexander Ellis</b></p>	
<p>23. Date of birth <b>1-20-98</b></p>		<p>24. Name of mother <b>Ellen M. Ellis</b></p>	
<p>25. Date of birth <b>1-20-98</b></p>		<p>26. Name of father <b>William Alexander Ellis</b></p>	
<p>27. Date of birth <b>1-20-98</b></p>		<p>28. Name of mother <b>Ellen M. Ellis</b></p>	
<p>29. Date of birth <b>1-20-98</b></p>		<p>30. Name of father <b>William Alexander Ellis</b></p>	
<p>31. Date of birth <b>1-20-98</b></p>		<p>32. Name of mother <b>Ellen M. Ellis</b></p>	
<p>33. Date of birth <b>1-20-98</b></p>		<p>34. Name of father <b>William Alexander Ellis</b></p>	
<p>35. Date of birth <b>1-20-98</b></p>		<p>36. Name of mother <b>Ellen M. Ellis</b></p>	
<p>37. Date of birth <b>1-20-98</b></p>		<p>38. Name of father <b>William Alexander Ellis</b></p>	
<p>39. Date of birth <b>1-20-98</b></p>		<p>40. Name of mother <b>Ellen M. Ellis</b></p>	
<p>41. Date of birth <b>1-20-98</b></p>		<p>42. Name of father <b>William Alexander Ellis</b></p>	
<p>43. Date of birth <b>1-20-98</b></p>		<p>44. Name of mother <b>Ellen M. Ellis</b></p>	
<p>45. Date of birth <b>1-20-98</b></p>		<p>46. Name of father <b>William Alexander Ellis</b></p>	
<p>47. Date of birth <b>1-20-98</b></p>		<p>48. Name of mother <b>Ellen M. Ellis</b></p>	
<p>49. Date of birth <b>1-20-98</b></p>		<p>50. Name of father <b>William Alexander Ellis</b></p>	
<p>51. Date of birth <b>1-20-98</b></p>		<p>52. Name of mother <b>Ellen M. Ellis</b></p>	
<p>53. Date of birth <b>1-20-98</b></p>		<p>54. Name of father <b>William Alexander Ellis</b></p>	
<p>55. Date of birth <b>1-20-98</b></p>		<p>56. Name of mother <b>Ellen M. Ellis</b></p>	
<p>57. Date of birth <b>1-20-98</b></p>		<p>58. Name of father <b>William Alexander Ellis</b></p>	
<p>59. Date of birth <b>1-20-98</b></p>		<p>60. Name of mother <b>Ellen M. Ellis</b></p>	
<p>61. Date of birth <b>1-20-98</b></p>		<p>62. Name of father <b>William Alexander Ellis</b></p>	
<p>63. Date of birth <b>1-20-98</b></p>		<p>64. Name of mother <b>Ellen M. Ellis</b></p>	
<p>65. Date of birth <b>1-20-98</b></p>		<p>66. Name of father <b>William Alexander Ellis</b></p>	
<p>67. Date of birth <b>1-20-98</b></p>		<p>68. Name of mother <b>Ellen M. Ellis</b></p>	
<p>69. Date of birth <b>1-20-98</b></p>		<p>70. Name of father <b>William Alexander Ellis</b></p>	
<p>71. Date of birth <b>1-20-98</b></p>		<p>72. Name of mother <b>Ellen M. Ellis</b></p>	
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<p>75. Date of birth <b>1-20-98</b></p>		<p>76. Name of mother <b>Ellen M. Ellis</b></p>	
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<p>87. Date of birth <b>1-20-98</b></p>		<p>88. Name of mother <b>Ellen M. Ellis</b></p>	
<p>89. Date of birth <b>1-20-98</b></p>		<p>90. Name of father <b>William Alexander Ellis</b></p>	
<p>91. Date of birth <b>1-20-98</b></p>		<p>92. Name of mother <b>Ellen M. Ellis</b></p>	
<p>93. Date of birth <b>1-20-98</b></p>		<p>94. Name of father <b>William Alexander Ellis</b></p>	
<p>95. Date of birth <b>1-20-98</b></p>		<p>96. Name of mother <b>Ellen M. Ellis</b></p>	
<p>97. Date of birth <b>1-20-98</b></p>		<p>98. Name of father <b>William Alexander Ellis</b></p>	
<p>99. Date of birth <b>1-20-98</b></p>		<p>100. Name of mother <b>Ellen M. Ellis</b></p>	

MADE IN THE  
DIVISION OF  
VITAL STATISTICS  
DELAWARE

Date Filed  
March 12, 1900

This is a record of the birth of the child named above, as reported to the Division of Vital Statistics, Delaware, and as recorded in the State of Delaware.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

632-218-029-791

United States  
Department of Commerce  
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2630

Local Reg. No. ....

Reg. Dist. No. ....

1. PLACE OF BIRTH

(a) County Latah (b) City Nora  
(c) Street Address or R.F.D. No. none  
(d) Name of Hospital or Maternity Home:  
at home

(e) Mother's stay BEFORE delivery:  
In Hosp. or Mat. Home none days at home  
IN THIS county / 0 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah  
(c) City Nora  
(d) Street Address or R.F.D. No. none  
(e) How long has MOTHER lived in Idaho? 10 yrs.  
(f) Mother's mailing address Nora Idaho

3. RESIDENCE of FATHER (city, state) Nora Idaho

4. FULL NAME OF CHILD Ella Lillian Olson

5. Date of Birth  
(Month, day year) Nov. 18, 1897

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ole Olson  
11. Color or Race White 12. Age at time of THIS birth 28 yrs.  
13. Birthplace Ostmark Sweden  
(City or town) (State or foreign country)  
14. Exact Occupation Farming  
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Grandly  
17. Color or Race White 18. Age at time of THIS birth 20 yrs.  
19. Birthplace Magnar Norway  
(City or town) (State or foreign country)  
20. Exact Occupation House work  
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....  
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1  
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 P. M. on the date  
(born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by Lena Olson, who is  
related to this child as mother  
(Mother, etc.) (First name) (Last name)

26. (a) Apr. 8, 1952 (b) W. W. Renson  
(Date received) (Registrar's signature)

25. Attendant's OWN signature [Signature] M.D.  
(D.O., Midwife, etc.)  
and address [Address] Date [Date]

27. Given name/added on [Signature] by [Signature]  
(Registrar's signature)

State of Idaho } ss.  
County of Latah

AFFIDAVIT To be completed when the attendant at birth is  
NOT LIVING or CANNOT BE LOCATED

I, Lena Olson, being first duly sworn, say that I am related to  
Ella Lillian Olson as mother (Related to (or) acquainted with)  
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1887 Session Laws; and that the facts  
contained therein are true to the best of my knowledge. I further state that ms. Mrs. Nordal, who attended  
(Name of attendant at birth)  
said birth is now deceased and that this birth has not been previously recorded.  
(Is now deceased (or) cannot be located)

Lena Olson Signature  
[Signature] P. O. Address

Subscribed and sworn to before me on this 2 day of April 1950  
(SEAL) [Signature] Notary Public, residing at Troy Ida.

APR 8 1952

SEP 10 1956

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381-225-025 993

United States  
Department of Commerce  
Bureau of the Census

RECEIVED

MAR 24 1952

**CERTIFICATE OF BIRTH**  
**OF VITAL STATE OF IDAHO**

The information is as of date of birth of THIS child.)

State File No. De52-2661

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (At time of birth)  
(a) County Idaho (b) City Grangeville  
(c) Street Address or R.F.D. No. Gen'l Delivery  
(d) Name of Hospital or Maternity Home:  
Born at family residence, on farm.  
(e) Mothers stay BEFORE delivery:  
In THIS county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Idaho  
(c) City Grangeville  
(d) Street Address or R.F.D. No. None  
(e) How long has MOTHER lived in Idaho? 30 yrs.

4. **FULL NAME OF CHILD** Laura Elizabeth Chamberlin  
5. **Date of Birth of Child** (Month, day, year) Sept. 25, 1897

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9 9. Legitimate? yes

**FATHER OF CHILD**  
10. **FULL NAME** Alvin P. Chamberlin  
11. Color white 12. Age at time of THIS birth 40 yrs.  
13. Birthplace Missouri  
(City or town) (State or foreign country)  
14. Exact Occupation Carpenter and farmer  
15. Industry or Business \_\_\_\_\_

**MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Sarah Elizabeth Richardson  
17. Color white 18. Age at time of THIS birth 38 yrs.  
19. Birthplace Overton county, Tenn.  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum none  
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

**ATTENDANT'S CERTIFICATE (10 children, all told)**

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho } ss. **AFFIDAVIT**  
County of Idaho } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the elder brother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 54 years, and that Dr. T. L. Nickel, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Alvin Chamberlin Signature  
Gen'l. Del., Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of March, 1952.  
(SEAL) Hampton Taylor Notary Public, residing at Grangeville, Idaho  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 16, 1952 by W. W. Benson, Registrar

APR 17 1952

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

RECEIVED DELAYED CERTIFICATE OF BIRTH  
 APR 17 1952  
 DIVISION OF VITAL  
 STATE OF IDAHO

State File No. 052-2664  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth <b>EMMA, MARY WICKS</b>				2. Date (month) (day) (year) Of Birth <b>August 28 1997</b>		
	3. Color or Race <b>WHITE</b>	4. Sex <b>Female</b>	5. Place of Birth <b>BLACKFOOT, BINGHAM, IDA.</b>	a. County <b>BLACKFOOT</b>	b. City or Town of Birth <b>BLACKFOOT</b>		
FATHER	6. Full Name of Father <b>CHARLES HENRY WICKS</b>				7. State or Country of Father's Birth <b>ENGLAND</b>		
MOTHER	8. Full Maiden Name of Mother <b>MARY MELVINA MORRIS</b>				9. State or Country of Mother's Birth <b>VIRGINIA U.S.A</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Emma Mary Wicks</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>February 12, 1952</b>				11. Present Address of Registrant <i>Gaines Milton Freewater, Ore 1 Box 162</i>		
	12. Signature of Notary <i>R. H. Dunning</i>				13. Notary Commission expires <b>NOTARY PUBLIC FOR OREGON</b> <b>MY COMMISSION EXPIRES MARCH 27, 1955</b>		

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-  Class <u>B</u>	Type of Document <b>School Record</b>		By whom issued and signed <b>Umatilla County School</b>		Date issued <b>2-21-52</b>	Date Orig. Entry	
	Date of Birth <b>Aug. 28, 1897, Bingham County</b>	Birth Place	Full Name of Mother <b>Mary Melvina Morris</b>		Name of Father <b>Charles Henry Wicks</b>		
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <b>Hospital Record</b>		By whom issued and signed <b>Sacred Heart Hospital, Spokane, Wn.</b>		Date issued <b>8-24-24</b>	Date Orig. Entry	
	Date of Birth <b>Aug. 28, 1897, Blackfoot, Idaho</b>	Birth Place	Full Name of Mother		Name of Father		
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>First Christian Church</b>		Date issued <b>4-15-52</b>	Date Orig. Entry <b>1-- 22-13</b>	
	Date of Birth <b>Aug. 28, 1897, Blackfoot, Idaho</b>	Birth Place	Full Name of Mother		Name of Father		

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mary F. Keefe</i>	Date Filed <b>Apr. 17, 1952</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



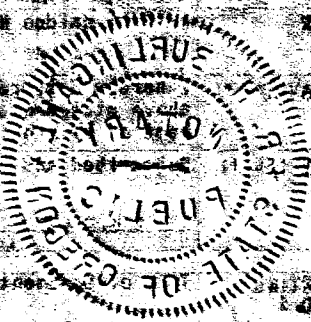
# DELAIED CERTIFICATE OF BIRTH

STATE OF IDAHO

State of Idaho  
Local Reg. No.  
Reg. Dist. No.

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

1. Name of child at birth		2. Sex		3. Date of birth		4. Time of birth	
5. Place of birth		6. Name of father		7. Name of mother		8. Name of physician	
9. City or town of birth		10. State of County of father's birth		11. State of County of mother's birth		12. Signature of Registrar	
13. Signature of father		14. Signature of mother		15. Signature of physician		16. Signature of registrar	
17. Date of issue		18. Date of filing		19. Date of registration		20. Date of correction	



21. Name of father		22. Name of mother		23. Name of physician		24. Name of registrar	
25. Date of issue		26. Date of filing		27. Date of registration		28. Date of correction	
29. Signature of father		30. Signature of mother		31. Signature of physician		32. Signature of registrar	



Any birth certificate issued by the Division of Vital Statistics for Idaho, which is not in accordance with the provisions of the Idaho Vital Statistics Act, shall be null and void.

Witness my hand and the seal of the Department of Public Health, at Boise, Idaho, this 1st day of January, 1917.

\_\_\_\_\_  
 Registrar

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 4052-2660  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Amos Henry Curtis</b>			2. Date (month) (day) (year) <b>Dec. 8th 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth <b>Teton</b>	a. County <b>Victor</b>		
FATHER	6. Full Name of Father <b>Owen Bemis Curtis</b>			7. State or Country of Father's Birth <b>Utah</b>		
MOTHER	8. Full Maiden Name of Mother <b>Elizabeth Benson</b>			9. State or Country of Mother's Birth <b>Utah</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Amos Henry Curtis</i>		11. Present Address of Registrant <b>Swan Valley, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Feb. 26, 1952</i>			12. Signature of Notary <i>J. D. Lawrence</i>		13. Notary Commission expires <i>Feb. 25, 1953</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <b>Affidavit by sister</b>		By whom issued and signed <b>Clarissa Berger</b>		Date issued <b>Feb. 26, 1952</b>
	Date of Birth <b>Dec. 8, 1897</b>	Birth Place <b>Victor, Idaho</b>	Full Name of Mother <b>Elizabeth Benson</b>		Name of Father <b>Owen Bemis Curtis</b>
SUPPORTING RECORD 2-	Type of Document <b>Insurance Application</b>		By whom issued and signed <b>New York Life Insurance Co.</b>		Date issued <b>Dec. 26, 1914</b>
	Date of Birth <b>Dec. 8, 1897</b>	Birth Place <b>Victor, Idaho</b>	Full Name of Mother		Name of Father
SUPPORTING RECORD 3-	Type of Document <b>School Census</b>		By whom issued and signed <b>Andrew H. Johnson, Co. Sup't County of Bingham, Blackfoot, Idaho</b>		Date issued <b>Sept. 1, 1903</b>
	Date of Birth <b>6 yrs old</b>	Birth Place	Full Name of Mother		Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. J. Benson</b>	Evidence reviewed by <i>Mark H. Edgar</i>	Date Filed <b>Apr. 17, 1952</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

8000

STATE OF IDAHO  
DELAYED CERTIFICATE OF BIRTH

Department of Health  
Division of Vital Statistics  
Boise, Idaho

1. Name of child at birth <b>Victor</b>		2. Date of birth <b>1907</b>	
3. Place of birth <b>Idaho</b>		4. Name of mother <b>Victor</b>	
5. Name of father <b>Victor</b>		6. Name of mother <b>Victor</b>	
7. Name of father <b>Victor</b>		8. Name of mother <b>Victor</b>	
9. Name of father <b>Victor</b>		10. Name of mother <b>Victor</b>	
11. Name of father <b>Victor</b>		12. Name of mother <b>Victor</b>	
13. Name of father <b>Victor</b>		14. Name of mother <b>Victor</b>	
15. Name of father <b>Victor</b>		16. Name of mother <b>Victor</b>	
17. Name of father <b>Victor</b>		18. Name of mother <b>Victor</b>	
19. Name of father <b>Victor</b>		20. Name of mother <b>Victor</b>	
21. Name of father <b>Victor</b>		22. Name of mother <b>Victor</b>	
23. Name of father <b>Victor</b>		24. Name of mother <b>Victor</b>	
25. Name of father <b>Victor</b>		26. Name of mother <b>Victor</b>	
27. Name of father <b>Victor</b>		28. Name of mother <b>Victor</b>	
29. Name of father <b>Victor</b>		30. Name of mother <b>Victor</b>	
31. Name of father <b>Victor</b>		32. Name of mother <b>Victor</b>	
33. Name of father <b>Victor</b>		34. Name of mother <b>Victor</b>	
35. Name of father <b>Victor</b>		36. Name of mother <b>Victor</b>	
37. Name of father <b>Victor</b>		38. Name of mother <b>Victor</b>	
39. Name of father <b>Victor</b>		40. Name of mother <b>Victor</b>	
41. Name of father <b>Victor</b>		42. Name of mother <b>Victor</b>	
43. Name of father <b>Victor</b>		44. Name of mother <b>Victor</b>	
45. Name of father <b>Victor</b>		46. Name of mother <b>Victor</b>	
47. Name of father <b>Victor</b>		48. Name of mother <b>Victor</b>	
49. Name of father <b>Victor</b>		50. Name of mother <b>Victor</b>	
51. Name of father <b>Victor</b>		52. Name of mother <b>Victor</b>	
53. Name of father <b>Victor</b>		54. Name of mother <b>Victor</b>	
55. Name of father <b>Victor</b>		56. Name of mother <b>Victor</b>	
57. Name of father <b>Victor</b>		58. Name of mother <b>Victor</b>	
59. Name of father <b>Victor</b>		60. Name of mother <b>Victor</b>	
61. Name of father <b>Victor</b>		62. Name of mother <b>Victor</b>	
63. Name of father <b>Victor</b>		64. Name of mother <b>Victor</b>	
65. Name of father <b>Victor</b>		66. Name of mother <b>Victor</b>	
67. Name of father <b>Victor</b>		68. Name of mother <b>Victor</b>	
69. Name of father <b>Victor</b>		70. Name of mother <b>Victor</b>	
71. Name of father <b>Victor</b>		72. Name of mother <b>Victor</b>	
73. Name of father <b>Victor</b>		74. Name of mother <b>Victor</b>	
75. Name of father <b>Victor</b>		76. Name of mother <b>Victor</b>	
77. Name of father <b>Victor</b>		78. Name of mother <b>Victor</b>	
79. Name of father <b>Victor</b>		80. Name of mother <b>Victor</b>	
81. Name of father <b>Victor</b>		82. Name of mother <b>Victor</b>	
83. Name of father <b>Victor</b>		84. Name of mother <b>Victor</b>	
85. Name of father <b>Victor</b>		86. Name of mother <b>Victor</b>	
87. Name of father <b>Victor</b>		88. Name of mother <b>Victor</b>	
89. Name of father <b>Victor</b>		90. Name of mother <b>Victor</b>	
91. Name of father <b>Victor</b>		92. Name of mother <b>Victor</b>	
93. Name of father <b>Victor</b>		94. Name of mother <b>Victor</b>	
95. Name of father <b>Victor</b>		96. Name of mother <b>Victor</b>	
97. Name of father <b>Victor</b>		98. Name of mother <b>Victor</b>	
99. Name of father <b>Victor</b>		100. Name of mother <b>Victor</b>	

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De52-2822  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Harriet Johnson</u>				2. Date (month) (day) (year) Of Birth <u>August 14 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Preston</u>	a. County <u>Franklin</u>	b. City or Town of Birth <u>Preston Idaho</u>	
FATHER	6. Full Name of Father <u>James Johnson</u>				7. State or Country of Father's Birth <u>Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Harriet E. Lamb</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Harriet J. Kreeves</u>	
NOTARY (Seal)	11. Present Address of Registrant <u>105 N. 1st W. Preston, Idaho</u>				12. Signature of Notary <u>Elma Barlow</u>	
	Subscribed and sworn to before me on <u>May 16 1952</u>				13. Notary Commission expires <u>12-28 1952</u>	

APPLICANT DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>Oct. 3, 1897</u>
	Date of Birth <u>Aug. 14, 1897</u>	Birth Place <u>Preston, Idaho</u>	Full Name of Mother <u>Harriet E. Lamb</u>		Name of Father <u>James Johnson</u>
SUPPORTING RECORD 2.	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Bureau of Vital Statistics Boise, Idaho #153705</u>		Date issued <u>July 9, 1927</u>
	Date of Birth <u>Aug. 14, 1897</u>	Birth Place <u>Preston, Idaho</u>	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary F. Feltner</u>	Date Filed <u>May 20, 1952</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

1. Name of Child at Birth <b>JOHN W. HENSON</b>		2. Date of Birth <b>May 20, 1935</b>	
3. Place of Birth <b>Wilmington, Delaware</b>		4. Name of Father <b>John W. Henson</b>	
5. Name of Mother <b>Uta</b>		6. State of Country of Mother's Birth <b>Uta</b>	
7. State of Country of Father's Birth <b>Uta</b>		8. Present Address of Child <b>1111 North 1st Street, Wilmington, Delaware</b>	
9. Signature of Registrar <b>W. W. Henson</b>		10. Signature of Mother <b>Uta</b>	
11. Signature of Father <b>John W. Henson</b>		12. Notary Seal and Signature <b>Notary Seal and Signature</b>	

13. Date of Issuance <b>May 20, 1935</b>		14. Date of Birth <b>May 20, 1935</b>	
15. Name of Father <b>John W. Henson</b>		16. Name of Mother <b>Uta</b>	
17. Name of Child <b>John W. Henson</b>		18. Date of Issuance <b>May 20, 1935</b>	

19. Date of Issuance <b>May 20, 1935</b>		20. Date of Birth <b>May 20, 1935</b>	
21. Name of Father <b>John W. Henson</b>		22. Name of Mother <b>Uta</b>	
23. Name of Child <b>John W. Henson</b>		24. Date of Issuance <b>May 20, 1935</b>	

25. Date of Issuance <b>May 20, 1935</b>		26. Date of Birth <b>May 20, 1935</b>	
27. Name of Father <b>John W. Henson</b>		28. Name of Mother <b>Uta</b>	
29. Name of Child <b>John W. Henson</b>		30. Date of Issuance <b>May 20, 1935</b>	

31. Date of Issuance <b>May 20, 1935</b>		32. Date of Birth <b>May 20, 1935</b>	
33. Name of Father <b>John W. Henson</b>		34. Name of Mother <b>Uta</b>	
35. Name of Child <b>John W. Henson</b>		36. Date of Issuance <b>May 20, 1935</b>	

37. Date of Issuance <b>May 20, 1935</b>		38. Date of Birth <b>May 20, 1935</b>	
39. Name of Father <b>John W. Henson</b>		40. Name of Mother <b>Uta</b>	
41. Name of Child <b>John W. Henson</b>		42. Date of Issuance <b>May 20, 1935</b>	

# DELAYED CERTIFICATE OF BIRTH

MAR 31 1952  
 STATE OF IDAHO

State File No. De52- 2968  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Thora Jane Dalton</u>					2. Date (month) (day) (year) June 6 1897		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Rexburg</u>	a. County <u>Fremont</u>	b. City or Town of Birth <u>Rexburg Idaho</u>			
FATHER	6. Full Name of Father <u>Charles Sheffield Dalton</u>					7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Sarah Jane Davis Dalton</u>					9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Thora Jane Dalton Bitter</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 28</u> 19 <u>52</u>					11. Present Address of Registrant _____		
						12. Signature of Notary <u>A. Anderson</u>		
						13. Notary Commission expires <u>My Commission expires September 28, 1954</u> Notary Public of Idaho 19____		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>A</u>	Type of Document <u>Church record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>3-17-52</u>	Date Orig. Entry <u>April 1901</u>
	Date of Birth <u>June 6, 1897</u>	Birth Place <u>Rexburg, Idaho</u>	Full Name of Mother <u>Sarah J. Davis</u>		Name of Father <u>Charles S. Dalton</u>	
SUPPORTING RECORD 2-  Class <u>A.</u>	Type of Document <u>Church record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>1897</u>	Date Orig. Entry <u>1897</u>
	Date of Birth <u>June 6, 1897</u>	Birth Place <u>Rexburg, Idaho</u>	Full Name of Mother <u>Sarah Jane Davis</u>		Name of Father <u>Charles S. Dalton</u>	
SUPPORTING RECORD 3-  Class _____	Type of Document _____		By whom issued and signed _____		Date issued _____	Date Orig. Entry _____
	Date of Birth _____	Birth Place _____	Full Name of Mother _____		Name of Father _____	

### QUALIFYING INFORMATION

Second Class "A" Record - Child was blessed on July 2, 1897,

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

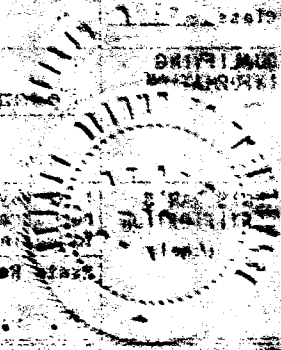
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>June 30, 1952</u>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 21 1902

1902  
APR 21 1902  
RECEIVED  
DEPT. OF HEALTH  
BOISE, IDAHO

1. Name of Father		2. Name of Mother		3. Name of Child	
4. Date of Birth		5. Place of Birth		6. Sex	
7. State or County of Father's Birth		8. State or County of Mother's Birth		9. State or County of Child's Birth	
10. Signature of Father		11. Signature of Mother		12. Signature of Registrar	
13. Date of Issuance		14. Place of Issuance		15. Type of Issuance	
16. Name of Father		17. Name of Mother		18. Name of Child	
19. Date of Issuance		20. Place of Issuance		21. Type of Issuance	
22. Name of Father		23. Name of Mother		24. Name of Child	
25. Date of Issuance		26. Place of Issuance		27. Type of Issuance	



Class "A" - Child was placed on July 2, 1897.

Class "B" - Child was placed on July 2, 1897.

Class "C" - Child was placed on July 2, 1897.

Class "D" - Child was placed on July 2, 1897.

Class "E" - Child was placed on July 2, 1897.

Class "F" - Child was placed on July 2, 1897.

Class "G" - Child was placed on July 2, 1897.

Class "H" - Child was placed on July 2, 1897.

Class "I" - Child was placed on July 2, 1897.

Class "J" - Child was placed on July 2, 1897.

Class "K" - Child was placed on July 2, 1897.

Class "L" - Child was placed on July 2, 1897.

Class "M" - Child was placed on July 2, 1897.

Class "N" - Child was placed on July 2, 1897.

Class "O" - Child was placed on July 2, 1897.

Class "P" - Child was placed on July 2, 1897.

Class "Q" - Child was placed on July 2, 1897.

Class "R" - Child was placed on July 2, 1897.

Class "S" - Child was placed on July 2, 1897.

Class "T" - Child was placed on July 2, 1897.

Class "U" - Child was placed on July 2, 1897.

Class "V" - Child was placed on July 2, 1897.

Class "W" - Child was placed on July 2, 1897.

Class "X" - Child was placed on July 2, 1897.

Class "Y" - Child was placed on July 2, 1897.

Class "Z" - Child was placed on July 2, 1897.

DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De52-3026  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Hattie Loveland</u>			2. Date (month) (day) (year) Of Birth <u>July</u> <u>18</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Bannock</u>	6. City or Town of Birth <u>Chesterfield Idaho</u>		
FATHER	6. Full Name of Father <u>Heber Carlos Loveland</u>			7. State or Country of Father's Birth <u>Utah</u> <u>Brigham City</u>		
MOTHER	8. Full Maiden Name of Mother <u>Elinor Eth Jones Higginson</u>			9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Hattie Loveland Shanklin</u>		11. Present Address of Registrant <u>Bancroft, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>27<sup>th</sup> May</u> <u>1952</u>			12. Signature of Notary <u>Charles W. Shanklin</u>		13. Notary Commission expires <u>December 4<sup>th</sup> 1952</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Affidavit by</u>		By whom issued and signed <u>Charlotte Higginson</u>	Date issued <u>May 27, 1952</u>	Date Orig. Entry
	Date of Birth <u>July 18, 1897,</u>	Birth Place <u>Chesterfield, Idaho</u>	Full Name of Mother	Name of Father	
Class* <u>B</u>					
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by</u>		By whom issued and signed <u>George Higginson</u>	Date issued <u>May 27, 1952</u>	Date Orig. Entry
	Date of Birth <u>July 18, 1897,</u>	Birth Place <u>Chesterfield, Idaho</u>	Full Name of Mother	Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3-	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Equitable Life Assurance Company</u>	Date issued	Date Orig. Entry <u>July 21, 1925</u>
	Date of Birth <u>July 18, 1897,</u>	Birth Place <u>Chesterfield, Idaho</u>	Full Name of Mother	Name of Father	
Class <u>B</u>					

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary Heffer</u>	Date Filed <u>July 17, 1952</u>
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\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.





DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De52- 3147  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Alice Belle Keith</u>				2. Date Of Birth <u>May 27 1897</u>	
	3. Color or Race <u>white</u>	4. Sex <u>F</u>	5. Place of Birth <u>Lenora Idaho</u>		b. City or Town of Birth <u>Country</u>	
FATHER	6. Full Name of Father <u>Hollis Watson Keith</u>				7. State or Country of Father's Birth <u>Columbia Missouri</u>	
MOTHER	8. Full Maiden Name of Mother <u>Nora B McCarty</u>				9. State or Country of Mother's Birth <u>Lofett Kansas</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Alice B Keith</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>JUN 24 1952</u> 19 <u>52</u>				11. Present Address of Registrant <u>Walla Walla Wash. 1051 Boyer Ave</u>	
					12. Signature of Notary <u>W. E. Lawson</u>	
					13. Notary Commission expires My commission expires May 17, 1954 19 <u>54</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Bible record</u>		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth <u>May 27, 1897</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document Ltr from County Recorder, County of Walla Walla, Wash. re marriage license		By whom issued and signed <u>Rose Mary Melancon, Deputy</u>		Date issued <u>8/11/52</u>	Date Orig. Entry <u>License issued Feb. 14, 1917</u>
	Date of Birth <u>19 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Nora McCarty</u>		Name of Father <u>H. W. Keith</u>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

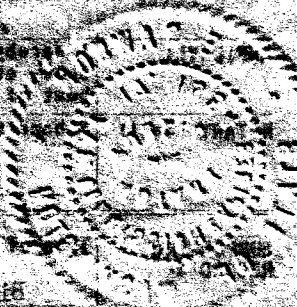
QUALIFYING INFORMATION	<u>Margaret M. Frederick - Cousin of applicant.</u>		
	<u>Annie M. G. Things - Aunt of applicant.</u>		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>Aug. 18, 1952</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# DELAWARE STATE OF BIRTH

1. Name of child at birth		2. Date of birth		3. Place of birth		4. Name of father		5. Name of mother	
[Handwritten: John D. Hamilton]		[Handwritten: 1901]		[Handwritten: Delaware]		[Handwritten: John D. Hamilton]		[Handwritten: Mary Hamilton]	
6. Sex		7. Color		8. Religion		9. Education		10. Occupation	
[Handwritten: Male]		[Handwritten: White]		[Handwritten: Protestant]		[Handwritten: High School]		[Handwritten: Farmer]	
11. Date of registration		12. Name of registrar		13. Signature of registrar		14. Signature of father		15. Signature of mother	
[Handwritten: 1901]		[Handwritten: John D. Hamilton]		[Handwritten: John D. Hamilton]		[Handwritten: John D. Hamilton]		[Handwritten: Mary Hamilton]	

16. Date of birth		17. Name of father		18. Name of mother		19. Date of registration		20. Name of registrar	
[Handwritten: 1901]		[Handwritten: John D. Hamilton]		[Handwritten: Mary Hamilton]		[Handwritten: 1901]		[Handwritten: John D. Hamilton]	
21. Sex		22. Color		23. Religion		24. Education		25. Occupation	
[Handwritten: Male]		[Handwritten: White]		[Handwritten: Protestant]		[Handwritten: High School]		[Handwritten: Farmer]	
26. Date of registration		27. Name of registrar		28. Signature of registrar		29. Signature of father		30. Signature of mother	
[Handwritten: 1901]		[Handwritten: John D. Hamilton]		[Handwritten: John D. Hamilton]		[Handwritten: John D. Hamilton]		[Handwritten: Mary Hamilton]	



Class A records are those made and kept before the registration laws of 1901. Class B records are those made after the 1901 laws and are of more recent date.

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De52-3167  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Helen Viola Gee</u>			2. Date (month) (day) (year) Of Birth <u>August 25th, 1897</u>	
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth a. County <u>Bonneville</u>	b. City or Town of Birth <u>Idaho Falls, Idaho</u>	
FATHER	6. Full Name of Father <u>John Gee</u>			7. State or Country of Father's Birth <u>Tooele City, Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Olive Caroline Winn</u>			9. State or Country of Mother's Birth <u>Richfield, Severe Co. Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Helen Viola Gee</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>August 21 1952</u>			11. Present Address of Registrant <u>206 West 3rd, North, Rexburg,</u>	
	12. Signature of Notary <u>Dick L. Powell</u>			13. Notary Commission expires <u>April 23 1952</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>Aug. 17, 1952</u>	Date Orig. Entry <u>Sept. 2, 1905</u>
	Date of Birth <u>Aug. 25, 1897,</u>	Birth Place <u>Idaho Falls</u>	Full Name of Mother <u>Olive Caroline Winn</u>	Name of Father <u>John Gee</u>	
Class* <u>B</u>					
SUPPORTING RECORD 2.	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>Alexander Leatham, Patriarch</u>	Date issued <u>Feb. 17, 1910</u>	Date Orig. Entry
	Date of Birth <u>Aug. 25, 1897,</u>	Birth Place <u>Idaho Falls, Idaho</u>	Full Name of Mother <u>Olive Winn</u>	Name of Father <u>John Gee</u>	
Class <u>A</u>					
SUPPORTING RECORD 3.	Type of Document <u>Family Group Record</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>Feb. 3, 1934</u>	Date Orig. Entry
	Date of Birth <u>Aug. 25, 1897,</u>	Birth Place <u>Idaho Falls</u>	Full Name of Mother <u>Olive Caroline Winn</u>	Name of Father <u>John Gee</u>	
Class <u>B</u>					

QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mary F. Egan</u>	Date Filed <u>Aug. 22, 1952</u>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

**STATE OF IOWA**  
**DEPARTMENT OF PUBLIC HEALTH**  
**DIVISION OF VITAL STATISTICS**  
**OFFICE OF THE REGISTRAR**  
**DES MOINES, IOWA**

**1. Name of Person**  
John Doe

**2. Date of Birth**  
Aug. 25, 1927

**3. Place of Birth**  
Iowa

**4. Sex**  
Male

**5. Race**  
White

**6. Color**  
White

**7. Religion**  
Roman Catholic

**8. Education**  
High School

**9. Occupation**  
Farmer

**10. Marital Status**  
Single

**11. Name of Father**  
John Doe

**12. Name of Mother**  
Jane Doe

**13. Address of Person**  
123 Main St., Des Moines, Iowa

**14. Address of Father**  
456 Main St., Des Moines, Iowa

**15. Address of Mother**  
789 Main St., Des Moines, Iowa

**16. Signature of Registrar**  
[Signature]

**17. Date of Registration**  
Aug. 25, 1927



**18. Name of Person**  
John Doe

**19. Date of Birth**  
Aug. 25, 1927

**20. Place of Birth**  
Iowa

**21. Sex**  
Male

**22. Race**  
White

**23. Color**  
White

**24. Religion**  
Roman Catholic

**25. Education**  
High School

**26. Occupation**  
Farmer

**27. Marital Status**  
Single

**28. Name of Father**  
John Doe

**29. Name of Mother**  
Jane Doe

**30. Address of Person**  
123 Main St., Des Moines, Iowa

**31. Address of Father**  
456 Main St., Des Moines, Iowa

**32. Address of Mother**  
789 Main St., Des Moines, Iowa

**33. Signature of Registrar**  
[Signature]

**34. Date of Registration**  
Aug. 25, 1927

**35. Name of Person**  
John Doe

**36. Date of Birth**  
Aug. 25, 1927

**37. Place of Birth**  
Iowa

**38. Sex**  
Male

**39. Race**  
White

**40. Color**  
White

**41. Religion**  
Roman Catholic

**42. Education**  
High School

**43. Occupation**  
Farmer

**44. Marital Status**  
Single

**45. Name of Father**  
John Doe

**46. Name of Mother**  
Jane Doe

**47. Address of Person**  
123 Main St., Des Moines, Iowa

**48. Address of Father**  
456 Main St., Des Moines, Iowa

**49. Address of Mother**  
789 Main St., Des Moines, Iowa

**50. Signature of Registrar**  
[Signature]

**51. Date of Registration**  
Aug. 25, 1927

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De52-3251  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Iva Chloe Birch</u>					2. Date (month) (day) (year) Of Birth <u>Oct</u> <u>1<sup>st</sup></u> <u>1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Star ada Co</u>		a. County	b. City or Town of Birth <u>Idaho</u>		
FATHER	6. Full Name of Father <u>William Birch</u>					7. State or Country of Father's Birth <u>Sharlottown Prince Ed Isel</u>		
MOTHER	8. Full Maiden Name of Mother <u>Sharlottie Ann Birch</u>					9. State or Country of Mother's Birth <u>Canada</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Mrs Iva McConnell</u>		11. Present Address of Registrant <u>Boise, Rt 1</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>Sept 16 1952</u>					12. Signature of Notary <u>Mark K. Kelson</u>		13. Notary Commission expires <u>May 7, 1953</u> 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>		Date issued	Date Orig. Entry <u>Oct. 1, 1897</u>
	Date of Birth <u>Oct. 1, 1897</u>	Birth Place <u>Ada County</u>	Full Name of Mother <u>Sharlottie Ann and</u>		Name of Father <u>William Birch</u>	
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by sister</u>		By whom issued and signed <u>Maude Ethel Birch Craner</u>		Date issued <u>Sept. 16, 1952</u>	Date Orig. Entry
	Date of Birth <u>Oct. 1, 1897</u>	Birth Place <u>Star, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>On file Bureau of Vital Statistics, Boise, #117972</u>		Date issued	Date Orig. Entry <u>Dec. 26, 1923</u>
	Date of Birth <u>27 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by	Date Filed <u>Sept. 16, 1952</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. Name of child  
 2. Date of birth  
 3. Place of birth  
 4. Name of father  
 5. Name of mother  
 6. Sex  
 7. Race  
 8. Religion  
 9. Education  
 10. Occupation  
 11. Address  
 12. Date of registration  
 13. Signature of registrar  
 14. Seal of registrar

1. Name of child  
 2. Date of birth  
 3. Place of birth  
 4. Name of father  
 5. Name of mother  
 6. Sex  
 7. Race  
 8. Religion  
 9. Education  
 10. Occupation  
 11. Address  
 12. Date of registration  
 13. Signature of registrar  
 14. Seal of registrar

1. Name of child  
 2. Date of birth  
 3. Place of birth  
 4. Name of father  
 5. Name of mother  
 6. Sex  
 7. Race  
 8. Religion  
 9. Education  
 10. Occupation  
 11. Address  
 12. Date of registration  
 13. Signature of registrar  
 14. Seal of registrar

RECORD 1	RECORD 2	RECORD 3	RECORD 4
Type of Document Date of Birth Name of Father Name of Mother Sex Race Religion Education Occupation Address Date of Registration Signature of Registrar Seal of Registrar	Type of Document Date of Birth Name of Father Name of Mother Sex Race Religion Education Occupation Address Date of Registration Signature of Registrar Seal of Registrar	Type of Document Date of Birth Name of Father Name of Mother Sex Race Religion Education Occupation Address Date of Registration Signature of Registrar Seal of Registrar	Type of Document Date of Birth Name of Father Name of Mother Sex Race Religion Education Occupation Address Date of Registration Signature of Registrar Seal of Registrar

1. Name of child  
 2. Date of birth  
 3. Place of birth  
 4. Name of father  
 5. Name of mother  
 6. Sex  
 7. Race  
 8. Religion  
 9. Education  
 10. Occupation  
 11. Address  
 12. Date of registration  
 13. Signature of registrar  
 14. Seal of registrar

1. Name of child  
 2. Date of birth  
 3. Place of birth  
 4. Name of father  
 5. Name of mother  
 6. Sex  
 7. Race  
 8. Religion  
 9. Education  
 10. Occupation  
 11. Address  
 12. Date of registration  
 13. Signature of registrar  
 14. Seal of registrar

1. Name of child  
 2. Date of birth  
 3. Place of birth  
 4. Name of father  
 5. Name of mother  
 6. Sex  
 7. Race  
 8. Religion  
 9. Education  
 10. Occupation  
 11. Address  
 12. Date of registration  
 13. Signature of registrar  
 14. Seal of registrar

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. Do52-3399  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Thomas Owen Hall</u>				2. Date (month) (day) (year) <u>Aug 9 1897</u>	
	3. Color of Race <u>Caucasian</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Star Ida</u>	a. County <u>Ada</u>	b. City or Town of Birth	
FATHER	6. Full Name of Father <u>William James Hall</u>				7. State or Country of Father's Birth <u>Hamilton Canada</u>	
MOTHER	8. Full Maiden Name of Mother <u>Cora Lee Smith</u>				9. State or Country of Mother's Birth <u>Arkansas</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Thomas Owen Hall</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Oct 27 1952</u>				11. Present Address of Registrant <u>Fall River Mills Calif.</u>	
	12. Signature of Notary <u>Mark H. Fisher</u>				13. Notary Commission expires <u>May 7 1953</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class <u>B</u>	Type of Document <u>Affidavit by father</u>		By whom issued and signed <u>William James Hall</u>	Date Issued <u>Oct. 27, 1952</u>	Date Orig. Entry
	Date of Birth <u>Aug. 9, 1897</u>	Birth Place <u>Star, Idaho</u>	Full Name of Mother <u>Cora Lee Smith</u>	Name of Father <u>William James Hall</u>	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>On file Bureau of Vital Statistics #215921</u>	Date Issued	Date Orig. Entry <u>Oct. 3, 1933</u>
	Date of Birth <u>36 yrs</u>	Birth Place <u>Star, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <u>Operator's License</u>		By whom issued and signed <u>State of Calif.</u>	Date Issued <u>1943</u>	Date Orig. Entry
	Date of Birth <u>Aug. 9, 1897</u>	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION	
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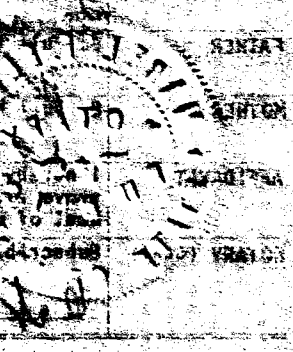
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mark H. Fisher</u>	Date Filed <u>Oct. 27, 1952</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# CERTIFICATE OF BIRTH

<p>1. Name of child at birth</p> <p>2. Sex of child</p> <p>3. Date of birth</p> <p>4. Place of birth</p> <p>5. Name of father</p> <p>6. Name of mother</p> <p>7. Name of child at birth</p> <p>8. Sex of child</p> <p>9. Date of birth</p> <p>10. Place of birth</p> <p>11. Name of father</p> <p>12. Name of mother</p>		<p>13. Name of child at birth</p> <p>14. Sex of child</p> <p>15. Date of birth</p> <p>16. Place of birth</p> <p>17. Name of father</p> <p>18. Name of mother</p> <p>19. Name of child at birth</p> <p>20. Sex of child</p> <p>21. Date of birth</p> <p>22. Place of birth</p> <p>23. Name of father</p> <p>24. Name of mother</p>	
<p>25. Name of child at birth</p> <p>26. Sex of child</p> <p>27. Date of birth</p> <p>28. Place of birth</p> <p>29. Name of father</p> <p>30. Name of mother</p> <p>31. Name of child at birth</p> <p>32. Sex of child</p> <p>33. Date of birth</p> <p>34. Place of birth</p> <p>35. Name of father</p> <p>36. Name of mother</p>		<p>37. Name of child at birth</p> <p>38. Sex of child</p> <p>39. Date of birth</p> <p>40. Place of birth</p> <p>41. Name of father</p> <p>42. Name of mother</p> <p>43. Name of child at birth</p> <p>44. Sex of child</p> <p>45. Date of birth</p> <p>46. Place of birth</p> <p>47. Name of father</p> <p>48. Name of mother</p>	



Date Filed: \_\_\_\_\_

Doc. No. \_\_\_\_\_

Reference returned by \_\_\_\_\_

State Registrar



LEN JORDAN, GOVERNOR  
EX OFFICIO COMMISSIONER

L. J. PETERSON, M.S.P.H.  
ADMINISTRATIVE DIRECTOR

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH

BOX 640 — PHONE 3800

BOISE, IDAHO

SECTIONS

LABORATORIES  
VITAL STATISTICS  
ACCOUNTS AND FINANCE  
NURSING  
PERSONNEL  
HOSPITAL FACILITIES  
HEALTH INFORMATION

Boise, Idaho  
Oct. 27, 1952

TO WHOM IT MAY CONCERN:

I, William J. Hall, do hereby swear my son, Thomas Orvas Hall ,  
was born in Star, Idaho, on the 9th day of August, 1897. The  
mother's name was Cora Lee Smith

.....*W. J. Hall*.....

Subscribed and sworn to before me this 27th day of October, 1952.

.....*M. J. Peterson*.....  
Notary Public

OCT 28 1952

STATE OF IOWA  
DEPARTMENT OF PUBLIC HEALTH  
J. I. PATTERSON, M.D.  
COMMISSIONER

STATE OF IOWA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS  
DES MOINES, IOWA

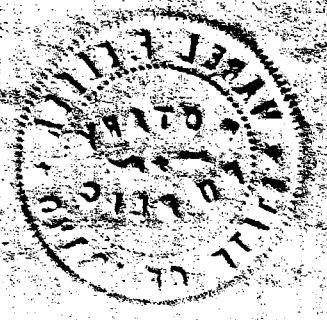
Des Moines, Iowa  
Oct. 27, 1922

TO WHOM IT MAY CONCERN:

I, William J. Hall, do hereby swear my son, Thomas Graves Hall, was born in Iowa, on the 27th day of August, 1922. His mother's name was Grace Lee Hall.

Subscribed and sworn to before me this 27th day of October, 1922.

*[Signature]*  
Notary Public



100 59100

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De52 3429  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>ALLEN EMERSON CRISWELL</b>			2. Date (month) (day) (year) Of Birth <b>April 18 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>M</b>	5. Place of Birth a. County <b>Shoshone</b>	b. City or Town of Birth <b>Wardner, Idaho</b>	
FATHER	6. Full Name of Father <b>Allen Morrison Criswell</b>			7. State or Country of Father's Birth <b>Indiana</b>	
MOTHER	8. Full Maiden Name of Mother <b>Cornelia Georgia Schafer</b>			9. State or Country of Mother's Birth <b>Illinois</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Allen Emerson Criswell</i>	11. Present Address of Registrant <b>Wash. E. 7218 Carlisle, Spokane</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>November 3 19 52</b>			12. Signature of Notary <i>A. Lillie</i> <b>DEPUTY COUNTY AUDITOR</b>	13. <del>Notary Commission expires</del> <b>SPOKANE COUNTY, WASH. 19</b>

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <b>Ltr re Marriage License from County Auditor of Walla Walla County, Wash.</b>		By whom issued and signed <b>By Rou Mary Melancon, for Walter Kimmerly, County Auditor</b>		Date issued <b>8/20/52</b>	Date Orig. Entry <b>License issued September 24, 1938</b>
	Date of Birth <b>41 yrs old</b>	Birth Place <b>Wardner, Idaho</b>	Full Name of Mother <b>Cornelia Shcafer</b>		Name of Father <b>Allen M. Criswell</b>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <b>Ltr from the Penn Mutual Life Ins. Co., Spokane 1, Washington</b>		By whom issued and signed <b>Wm D. Hagen, General Agent</b>		Date issued <b>8/25/52</b>	Date Orig. Entry <b>Policy issued Dec. 26, 1939</b>
	Date of Birth <b>April 18, 1897</b>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-  Class <u>B.</u>	Type of Document <b>Ltr from Concordia Lodge #249 F&amp;AM</b>		By whom issued and signed <b>W. J. Hartwell, Secretary</b>		Date issued <b>9/18/52</b>	Date Orig. Entry
	Date of Birth <b>April 18, 1897</b>	Birth Place <b>Wardner, Idaho</b>	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION	Also certificate of registration to vote, Spokane, Washington, dated August 25, 1952 and showing date of registration as 2-24-40, age 43 years, and place of birth as Wardner, Idaho.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Edna Hamilton</b>			Date Filed <b>Nov. 5, 1952</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-3430  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Leona Amy Palmer</u>				2. Date of Birth (month) (day) (year) <u>May 17 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Bear Lake</u>		a. County <u>Bloomington</u>	
<b>FATHER</b>	6. Full Name of Father <u>Journal Alonzo Palmer</u>				7. State or Country of Father's Birth <u>Bear Lake</u>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <u>Amy Thressa Jarvis</u>				9. State or Country of Mother's Birth <u>Bear Lake</u>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Leona Amy Lewis</u>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <u>March 25th 1952</u>				11. Present Address of Registrant <u>Kemmerer Wyoming</u>	
	12. Signature of Notary <u>Julius Neil</u>				13. Notary Commission expires <u>January 14 1956</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1-</b>	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>June 2, 1897</u>
	Date of Birth <u>May 17, 1897</u>	Birth Place <u>Bloomington, Idaho</u>	Full Name of Mother <u>Amy Thressa Jarvis</u>		Name of Father <u>J. Alonzo Palmer</u>
<b>SUPPORTING RECORD 2-</b>	Type of Document <u>Certificate of Membership</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>11-3-52</u>
	Date of Birth <u>May 17, 1897</u>	Birth Place <u>Bloomington</u>	Full Name of Mother <u>Amy Thressa Jarvis</u>		Name of Father <u>Journal Alonzo Palmer</u>
<b>SUPPORTING RECORD 3-</b>	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>Baptised 7-1-1905</u>
	Date of Birth <u>May 17, 1897</u>	Birth Place <u>Bloomington, Idaho</u>	Full Name of Mother <u>Amy Thressa Jarvis</u>		Date Orig. Entry <u>7-2-1905</u>

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel E. Eder</u>	Date Filed <u>Nov. 6, 1952</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELATED CERTIFICATE OF BIRTH

Department of Public Health  
Division of Vital Statistics  
June 1966

001-2511

13. Name of Commission or other authority to which appeal is made	14. Present address of legislator	15. Name of legislator	16. Name of legislator	17. Name of legislator	18. Name of legislator	19. Name of legislator	20. Name of legislator	21. Name of legislator	22. Name of legislator	23. Name of legislator	24. Name of legislator	25. Name of legislator	26. Name of legislator	27. Name of legislator	28. Name of legislator	29. Name of legislator	30. Name of legislator	31. Name of legislator	32. Name of legislator	33. Name of legislator	34. Name of legislator	35. Name of legislator	36. Name of legislator	37. Name of legislator	38. Name of legislator	39. Name of legislator	40. Name of legislator	41. Name of legislator	42. Name of legislator	43. Name of legislator	44. Name of legislator	45. Name of legislator	46. Name of legislator	47. Name of legislator	48. Name of legislator	49. Name of legislator	50. Name of legislator	51. Name of legislator	52. Name of legislator	53. Name of legislator	54. Name of legislator	55. Name of legislator	56. Name of legislator	57. Name of legislator	58. Name of legislator	59. Name of legislator	60. Name of legislator	61. Name of legislator	62. Name of legislator	63. Name of legislator	64. Name of legislator	65. Name of legislator	66. Name of legislator	67. Name of legislator	68. Name of legislator	69. Name of legislator	70. Name of legislator	71. Name of legislator	72. Name of legislator	73. Name of legislator	74. Name of legislator	75. Name of legislator	76. Name of legislator	77. Name of legislator	78. Name of legislator	79. Name of legislator	80. Name of legislator	81. Name of legislator	82. Name of legislator	83. Name of legislator	84. Name of legislator	85. Name of legislator	86. Name of legislator	87. Name of legislator	88. Name of legislator	89. Name of legislator	90. Name of legislator	91. Name of legislator	92. Name of legislator	93. Name of legislator	94. Name of legislator	95. Name of legislator	96. Name of legislator	97. Name of legislator	98. Name of legislator	99. Name of legislator	100. Name of legislator
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CLASS 2 RECORDS AND REPRODUCTION OF RECORDS



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De52-3561  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Roberta Gatherer</u>				2. Date (month) (day) (year) Of Birth <u>7</u> <u>16</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Shoshone</u>		6. City or Town of Birth <u>Murray, Idaho</u>		
FATHER	6. Full Name of Father <u>Samuel Gatherer</u>				7. State or Country of Father's Birth <u>Wisconsin</u>		
MOTHER	8. Full Maiden Name of Mother <u>Charlotte Sandberg</u>				9. State or Country of Mother's Birth <u>Sweden</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Roberta Gatherer</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>Sept 13th</u> 19 <u>52</u>				11. Present Address of Registrant <u>135 W Jackson, Helena Montana</u>		
					12. Signature of Notary <u>Ray Hae</u>		
					13. Notary Commission expires <u>Dec 15th</u> 19 <u>52</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Cora Walters</u>		Date issued <u>Dec. 6, 1952</u>		Date Orig. Entry
	Date of Birth <u>July 16, 1897,</u>	Birth Place <u>Murray, Idaho</u>	Full Name of Mother		Name of Father		
Class* <u>B</u>							
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by father</u>		By whom issued and signed <u>Samuel Gatherer</u>		Date issued <u>Dec. 6, 1952</u>		Date Orig. Entry
	Date of Birth <u>July 16, 1897,</u>	Birth Place <u>Murray, Idaho</u>	Full Name of Mother		Name of Father		
Class. <u>B</u>							
SUPPORTING RECORD 3.	Type of Document <u>School Record</u>		By whom issued and signed <u>Superintendent of Schools Asotin County, Wash.</u>		Date issued		Date Orig. Entry <u>May 1, 1915</u>
	Date of Birth <u>July 16, 1897,</u>	Birth Place	Full Name of Mother		Name of Father <u>Sam Gatherer</u>		
Class <u>B</u>							
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mark E. Egan</u>			Date Filed <u>Dec. 15, 1952</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# DELAID CERTIFICATE OF BIRTH

STATE OF IOWA

Department of Public Health  
Bureau of Statistics

Birth 1937

REGISTRATION  
Person whose  
Birth is being  
registered

Age of Person at Birth

Place of Birth

City or Town of Birth

FATHER

Full Name of Father

State or County of Father's Birth

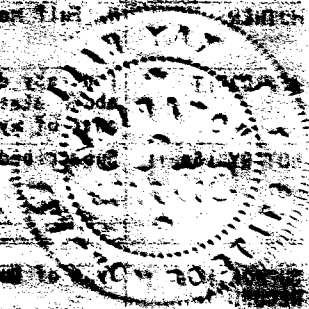
MOTHER

State or County of Mother's Birth

Present Address of Registrant

Signature of Registrant

Signature of Registrar  
I hereby certify that the above is a true and correct copy of the original as shown to me and that the same has been duly registered.



Signature of Registrar

Date of Birth

Full Name of Mother

Name of Father

Age of Person

By whom issued and signed

Date issued

Date of Birth

Full Name of Mother

Name of Father

Age of Person

By whom issued and signed

Date issued

Date of Birth

Full Name of Mother

Name of Father



Signature of Registrar

Signature of Registrar

Date filed

Dec. 15, 1937

Class A Records are those made and filed before the birth of the child.  
Class B Records are those made and filed after the birth of the child.

DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De53-45  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>FREDERICK ADOLPH HILL</b>			2. Date (month) (day) (year) Of Birth <b>MAY 30 1897</b>	
	3. Color or Race <b>WHITE</b>	4. Sex <b>MALE</b>	5. Place of Birth a. County <b>WARDNER-SHOSHONE</b>	b. City or Town of Birth <b>WARDNER - IDAHO</b>	
FATHER	6. Full Name of Father <b>OLIVER HILL</b>			7. State or Country of Father's Birth <b>NORDEJORDEID - NORWAY</b>	
MOTHER	8. Full Maiden Name of Mother <b>JOHANNA MARIA JOHNSON</b>			9. State or Country of Mother's Birth <b>UDDEVALLA - SWEDEN</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Fred A Hill</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Jan 12</u> 19 <u>53</u>			11. Present Address of Registrant <u>117 W Magnolia St</u>	
	12. Signature of Notary <i>George Browning</i>			13. Notary Commission expires <u>Oct 17</u> 19 <u>53</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Honorable Discharge</b>		By whom issued and signed <b>U. S. Army</b>	Date issued <b>2-21-1919</b>	Date Orig. Entry
	Date of Birth <b>21 4/12 yrs old</b>	Birth Place <b>Wardner, Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by father &amp; mother</b>		By whom issued and signed <b>Johanna Maria Hill and Oliver Hill</b>	Date issued <b>Oct. 20, 1916</b>	Date Orig. Entry
	Date of Birth <b>May 30, 1897</b>	Birth Place <b>Wardner, Idaho</b>	Full Name of Mother <b>Johanna Maria Hill</b>	Name of Father <b>Oliver Hill</b>	
SUPPORTING RECORD 3.	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>	Date issued	Date Orig. Entry <b>1900 Census</b>
	Date of Birth <b>3 yrs old May 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Mary Hill</b>	Name of Father <b>Oliver Hill</b>	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <i>W. W. Benson</i>		Date Filed <b>Jan. 15, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

14-00000-344 0394134

UNITED STATES DEPARTMENT OF JUSTICE

OK 492 1-26-5

SECRET

1980

Y-10

10-11-68

01-01 - 01-01

...to ... to ...

**PANJON - CINCINNATI**

State of Missouri vs. William J. Smith

SECRET

2nd Lt. James E. Smith, Jr. 1st Lt. James E. Smith, Jr.

100

10/10/1944

**FBI NEW YORK**

10/20/50 10:00 AM

**TENTED TO BOMB**

7-10-68

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

1. Mr. J. Edgar Hoover

be used as a

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20279

1. The first group of people who were involved in the case were the police officers who were on duty on the night of the murder. They were the first to arrive at the scene and they were the first to see the body. They were the first to call the coroner and they were the first to take the body to the coroner's office. They were the first to take the body to the coroner's office. They were the first to take the body to the coroner's office.

500-434-4344

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

263-116-031-239

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **De53 57**  
Local Reg. No. ....  
Reg. Dist. No. ....

**CERTIFICATE OF BIRTH**  
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County **Nez Perce** (b) City **Lewiston**  
(c) Street Address or R.F.D. No. ....  
(d) Name of Hospital or Maternity Home: **Private Residence**  
(e) Mothers stay **BEFORE** delivery:  
In THIS county **5** years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State **Idaho** (b) County **Nez Perce**  
(c) City **Lewiston**  
(d) Street Address or R.F.D. No. ....  
(e) How long has MOTHER lived in Idaho? ..... yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** **Earl Franklin Bolen**  
5. Date of Birth of Child **Dec. 16, 1897**  
(Month, day, year)
- 6 Sex **Male** 7. Twin or Triplet **no.** If so—born 1st, 2nd, 3rd  
8. No. months of Pregnancy 9. Legitimate? **yes.**

- FATHER OF CHILD**
10. **FULL NAME** **John Bolen**  
11. Color **white** or Race **Anglo saxon** 12. Age at time of THIS birth **27** yrs.  
13. Birthplace **Pipesville, Indiana**  
(City or town) (State or foreign country)  
14. Exact Occupation **Farmer**  
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Ananda Stillwell.**  
17. Color **Anglo Saxon** 18. Age at time of THIS birth **35** yrs.  
19. Birthplace **Huntingsberg, Indiana**  
(City or town) (State or foreign country)  
20. Exact Occupation **House Wife**  
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....  
23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **9**

**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date  
(Born alive, stillborn)  
and at the place stated above, and that personal particulars were furnished by .....  
(First name) (Last name)  
who is related as .....  
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date  
Midwife

- State of **Idaho** } ss.  
County of **Nez Perce**

**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now **90** years of age, that I have known this person for **55** years, and that  
**Dr. Inman of Lewiston, Idaho** who attended this birth **is now deceased** I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)  
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

**Ananda Bolen** Signature  
**Peck, Idaho** P. O. Address

Subscribed and sworn to before me this **15th** day of **January, 1953.**  
(SEAL) **Daniel Ryle** Notary Public, residing at **Peck, Idaho**  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **January 20, 1953** by **W. W. Benson**, Registrar

JAN 21 1952

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

RECEIVED  
 JAN 20 1953

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>ALFRED HEBER OBORN</b>				2. Date (month) (day) (year) Of Birth <b>JULY 11 1897</b>	
	3. Color or Race <b>WHITE</b>	4. Sex <b>MALE</b>	5. Place of Birth <b>DINGLE BEAR LAKE</b>		a. County <b>DINGLE</b>	
FATHER	6. Full Name of Father <b>JOSEPH JOHN OBORN</b>				7. State or Country of Father's Birth <b>BRISTOL ENGLAND</b>	
MOTHER	8. Full Maiden Name of Mother <b>ISABELL STEVENS OBORN</b>				9. State or Country of Mother's Birth <b>LONDON ENGLAND</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Alfred Heber Oborn</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Jan 16 1953</i>				11. Present Address of Registrant <b>SPARKS NEVADA. 1236 D ST</b>	
	12. Signature of Notary <i>Harry Gray</i>				13. Notary Commission expires <i>Jan 15 1955</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class <u>B</u>	Type of Document <b>Honorable Discharge</b>		By whom issued and signed <b>U. S. Naval Service</b>	Date issued <b>3-26-43</b>	Date Orig. Entry
	Date of Birth <b>July 11, 1897</b>	Birth Place <b>Dingle, Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document <b>Honorable Discharge</b>		By whom issued and signed <b>U. S. Army</b>	Date issued <b>3-3-1919</b>	Date Orig. Entry
	Date of Birth <b>20 yrs old</b>	Birth Place <b>Dingle, Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <b>Voting Registration</b>		By whom issued and signed <b>County Clerk, Reno, Nevada</b>	Date issued	Date Orig. Entry <b>July 17, 1930</b>
	Date of Birth <b>33 yrs</b>	Birth Place <b>Idaho</b>	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION	Employment Record with the Southern Pacific Company gives date of birth as <b>July 11, 1897, at Dingle, Idaho</b>
------------------------	--

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Malvin E. Epler</i>	Date Filed <b>Jan. 20, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# DELETED CERTIFICATE OF BIRTH

## DEPARTMENT OF VITAL RECORDS DIVISION OF BIRTH RECORDS

11 JULY 1937

ALFRED H. BROWN

WHITE MALE SINGLE BEAR LAKE

JOHN BROWN

ISABELL STEVENS CHORN

BRISTOL ENGLAND

LONDON ENGLAND

SPARKS NEVADA 1236 D ST

APPLICANT - DO NOT WRITE BELOW THIS LINE

RECORDING - DO NOT WRITE BELOW THIS LINE

Full Name of Mother

Honorable Discharge

Name of Father

Class - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Name of Father

Full Name of Mother

Date of Birth

By whom issued and signed

Type of Document

Name of Father

Full Name of Mother

Date of Birth



RECORDING - DO NOT WRITE BELOW THIS LINE

Date Filed

Division of Birth Records

Division of Birth Records

Date Filed

Division of Birth Records

Division of Birth Records

663-155-639 DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

Department of Public Health  
 Division of Vital Statistics  
 Idaho

State File No. De53-100  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT Son whose is being entered)	1. Registrant's Full Name at Birth <b>Jacob Cornelius Wolterbeck</b>			2. Date (month) (day) (year) <b>Nov. 15 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Ada</b>	b. City or Town of Birth <b>Boise</b>	
FATHER	6. Full Name of Father <b>Robert Daniel Wolterbeck</b>			7. State or Country of Father's Birth <b>Haarlem, Holland</b>		
	8. Full Maiden Name of Mother <b>Grace Greenwood Oliver</b>			9. State or Country of Mother's Birth <b>Clay County, Indiana</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Jacob Cornelius Wolterbeck</i>		11. Present Address of Registrant <b>1738 Anza St., S.F. Calif</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>December 3<sup>rd</sup> 1952</b>			12. Signature of Notary <i>Hans Weiss</i>		My Commission Expires <b>Dec 3, 1956</b> <b>HANS WEISS, Notary Public</b> In and for the City and County of San Francisco 19____

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

SUPPORTING RECORD 1.	Type of Document <b>Honorable Discharge</b>		By whom issued and signed <b>United States Army</b>		Phone <b>Orlando 4-0465</b>	Date Orig. Entry <b>Apr. 4, 1946</b>
	Date of Birth <b>Nov. 15, 1897,</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <b>Honorable Discharge</b>		By whom issued and signed <b>United States Army</b>		Date issued	Date Orig. Entry <b>Aug. 5, 1943</b>
	Date of Birth <b>45 8/12 yrs old,</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by</b>		By whom issued and signed <b>Chas. F. Koelsch</b>		Date issued <b>1-29-53</b>	Date Orig. Entry
	Date of Birth <b>Nov. 15, 1897,</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Grace Greenwood</b>		Name of Father <b>Robert Daniel Wolterbeck</b>	
QUALIFYING INFORMATION	Chas. F. Koelsch states in affidavit he has examined the Nov. 16th, 1897 issue of the Idaho Daily Statesman, a newspaper published at Boise, Idaho, this issue gives a "Local Item" to the effect that a son was born yesterday to Mr. and Mrs. Dan Wolterbeck.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		State Registrar <b>W. W. Benson</b>		Evidence reviewed by <i>Walter F. Fiedler</i>	
					Date Filed <b>Jan. 30, 1953</b>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



# DELAYED CERTIFICATE OF BIRTH

STATE OF ALABAMA

State of Birth

2. Date of Birth  
Nov. 15 1899

3. Place of Birth  
Laced Terminal Waterback

4. Name of Mother  
Boise

5. Name of Father  
Ada

6. Name of Child  
Harrison, Holland

7. Name of Child  
Laced Terminal Waterback

8. Name of Child  
Clay County, Alabama

9. Name of Child  
Greenwood Oliver

10. Name of Child  
1739 Ave. St., S.E. Calif

11. Name of Child  
I hereby certify that the above statements are true to the best of my knowledge and belief.

DO NOT WRITE BELOW THIS LINE

CLASS	RECORD	DATE OF BIRTH	NAME OF CHILD
1	RECORD 1	Nov. 15, 1899	Harrison, Holland
2	RECORD 2	Nov. 15, 1899	Laced Terminal Waterback
3	RECORD 3	Nov. 15, 1899	Clay County, Alabama
4	RECORD 4	Nov. 15, 1899	Greenwood Oliver
5	RECORD 5	Nov. 15, 1899	1739 Ave. St., S.E. Calif
6	RECORD 6	Nov. 15, 1899	Harrison, Holland
7	RECORD 7	Nov. 15, 1899	Laced Terminal Waterback
8	RECORD 8	Nov. 15, 1899	Clay County, Alabama
9	RECORD 9	Nov. 15, 1899	Greenwood Oliver
10	RECORD 10	Nov. 15, 1899	1739 Ave. St., S.E. Calif

Date Filed

Evidence reviewed by

State Registrar

CERTIFICATION

RECORDING

RECORD 1

RECORD 2

RECORD 3

RECORD 4

RECORD 5

RECORD 6

RECORD 7

JAN 30 1958

IN THE DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF VITAL STATISTICS  
OF THE STATE OF IDAHO

IN THE MATTER OF THE APPLICATION OF  
JACOB CORNELIUS WOLTERBECK  
FOR DELAYED CERTIFICATE OF BIRTH

AFFIDAVIT

STATE OF IDAHO )  
COUNTY OF ADA ) ss.

Chas. F. Kofisch being duly sworn, deposes and says:  
I am a citizen of the United States, and of the State of Idaho,  
residing at Boise, in Ada County; also, that I am an uncle  
by marriage, of the above-named Jacob Cornelius Wolterbeck,  
applicant for a delayed Certificate of Birth, in that the  
mother of said applicant, Grace Greenwood Wolterbeck, now  
deceased, was the sister of my wife; that while I have not

past, I know that he is the son of Robert Daniel Wolterbeck  
and Grace Greenwood Wolterbeck (formerly Oliver) and that he was  
born in Boise, Idaho, on the fifth day of November, 1927.  
I further state that on examination of the November 1927  
1927 issue of the Idaho Daily Statesman, a newspaper printed and  
published at Boise, Idaho, disclosed a brief "Local Item", to  
the effect, that "a son was born yesterday to Mr. and Mrs. Dan  
Wolterbeck".

I therefore make this affidavit in support of the

Certificate of Birth.

Subscribed and sworn to before me this 22 day of January, 1933.



NOTARY PUBLIC

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53-219  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>WALTER HORTON MC CALLIE</b>				2. Date (month) (day) (year) <b>June 22 1897</b>			
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Latah County</b>	b. City or Town of Birth <b>Moscow, Idaho</b>			
FATHER	6. Full Name of Father <b>John Hugh McCallie</b>				7. State or Country of Father's Birth <b>Tennessee</b>			
MOTHER	8. Full Maiden Name of Mother <b>Julia Elizabeth Horton</b>				9. State or Country of Mother's Birth <b>Tennessee</b>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>W. W. Prall</i>		11. Present Address of Registrant <b>1429 Broadwater Avenue Billings, Montana</b>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 25 1953</i>				12. Signature of Notary <i>Margie Cheek</i>		13. Notary Commission expires _____ 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>School Record</b>		By whom issued and signed <b>School District 52 Kamiah, Idaho D. G. Werner, Superintendent</b>		Date issued <b>2/2/53</b>	Date Orig. Entry <b>Sept of 1913</b>
	Date of Birth <b>June 22 1897</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother <b>Julia Elizabeth Horton</b>		Name of Father <b>John Hugh McCallie</b>	
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by Older Sister</b>		By whom issued and signed <b>Margaret McCallie Moore</b>		Date issued <b>2/25/53</b>	Date Orig. Entry <b>2/25/53</b>
	Date of Birth <b>June 22, 1897</b>	Birth Place <b>Mscow, Idaho</b>	Full Name of Mother <b>Julia Elizabeth Horton McCallie</b>		Name of Father <b>John Hugh McCallie</b>	
SUPPORTING RECORD 3.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>Moscow, Idaho W. W. Prall First Presbyterian Church of</b>		Date issued <b>1/9/53</b>	Date Orig. Entry <b>1897</b>
	Date of Birth <b>June 22, 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Julia McCallie</b>		Name of Father <b>J. H. McCallie</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Eva Karnes</b>	Date Filed <b>March 3, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53-226  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>FLORENCE CECELIA BRESHEARS</b>				2. Date (month) (day) (year) <b>June 6 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>F</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Ada County</b>	b. City or Town of Birth <b>Eagle, Idaho</b>	
FATHER	6. Full Name of Father <b>Joseph Henderson Breshears</b>				7. State or Country of Father's Birth <b>Carthage, Missouri</b>	
MOTHER	8. Full Maiden Name of Mother <b>Anna Viola Saxton</b>				9. State or Country of Mother's Birth <b>PawPaw, Michigan</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Florence Kearns</i>		11. Present Address of Registrant <b>Route No. 3 Boise, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>March 4 19 53</b>			12. Signature of Notary <i>Mary Freden</i>		13. Notary Commission expires <b>May 7 1953</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-  Class* <u>A</u>	Type of Document <b>Family Bible Record</b>		By whom issued and signed <b>Anna Breshears-Mother</b>		Date issued <b>June of 1897</b>
	Date of Birth <b>June 6, 1897</b>	Birth Place	Full Name of Mother		Date Orig. Entry <b>June of 1897</b>
					Name of Father
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <b>Birth Certificate of Daughter</b>		By whom issued and signed <b>Bureau of Vital Statistics State of Idaho #45432</b>		Date issued <b>12/7/16</b>
	Date of Birth <b>19 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Date Orig. Entry <b>11/26/16</b>
					Name of Father
SUPPORTING RECORD 3-  Class _____	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
					Name of Father
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Eva Karnes</b>		Date Filed <b>March 4, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH STATE OF IOWA

Division of Public Health  
Des Moines, Iowa

<p>1. Name of Deceased <b>WILSON, EUGENE</b></p>		<p>2. Date of Birth <b>June 1, 1897</b></p>		<p>3. Place of Birth <b>Des Moines, Iowa</b></p>		<p>4. Name of Father <b>WILSON, JOHN</b></p>		<p>5. Name of Mother <b>WILSON, SARAH</b></p>	
<p>6. Date of Death <b>June 1, 1953</b></p>		<p>7. Place of Death <b>Des Moines, Iowa</b></p>		<p>8. Name of Physician <b>DR. J. H. HARRIS</b></p>		<p>9. Name of Registrar <b>W. W. HARRIS</b></p>		<p>10. Date of Registration <b>June 1, 1953</b></p>	
<p>11. Name of Deceased <b>WILSON, EUGENE</b></p>		<p>12. Date of Birth <b>June 1, 1897</b></p>		<p>13. Place of Birth <b>Des Moines, Iowa</b></p>		<p>14. Name of Father <b>WILSON, JOHN</b></p>		<p>15. Name of Mother <b>WILSON, SARAH</b></p>	
<p>16. Date of Death <b>June 1, 1953</b></p>		<p>17. Place of Death <b>Des Moines, Iowa</b></p>		<p>18. Name of Physician <b>DR. J. H. HARRIS</b></p>		<p>19. Name of Registrar <b>W. W. HARRIS</b></p>		<p>20. Date of Registration <b>June 1, 1953</b></p>	



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53-237  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>DOROTHY MINNIE BAKER</b>				2. Date (month) (day) (year) Of Birth <b>January 17 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>F.</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Blaine County</b>	b. City or Town of Birth <b>Picabo, Idaho</b>	
FATHER	6. Full Name of Father <b>Louis James Baker</b>				7. State or Country of Father's Birth <b>Iowa</b>	
MOTHER	8. Full Maiden Name of Mother <b>Caroline Christine Iffland</b>				9. State or Country of Mother's Birth <b>Germany</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Dorothy Mallory</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>February 11 1953</b>				11. Present Address of Registrant <b>Box 2862 Boise, Idaho</b> 12. Signature of Notary <i>Malcolm H. Hefner</i> 13. Notary Commission expires <b>May 7 1953</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Birth Certificate of Daughter</b>		By whom issued and signed <b>Bureau of Vital Statistics State of Idaho #155863</b>		Date issued <b>11/3/27</b>	Date Orig. Entry <b>Oct 31 1927</b>
	Date of Birth <b>30 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <b>Life Insurance Policy</b>		By whom issued and signed <b>Great Western Mutual Association</b>		Date issued <b>7/7/48</b>	Date Orig. Entry <b>7/7/48</b>
	Date of Birth <b>Jan 17 1897</b>	Birth Place <b>Picabo, Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by sister</b>		By whom issued and signed <b>Carolyn Baker Ballew</b>		Date issued <b>Feb. 27, 1953</b>	Date Orig. Entry
	Date of Birth <b>Jan. 17, 1897</b>	Birth Place <b>Picabo, Idaho</b>	Full Name of Mother <b>Caroline Iffland</b>		Name of Father <b>Lewis James Baker</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Eva Karnes</b>	Date Filed <b>March 6, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.





DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53 309  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Polly Haynes Thomas</u>				2. Date (month) (day) (year) Of Birth <u>December 27 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Oneida County</u>	a. County	b. City or Town of Birth <u>near Malad Idaho</u>	
FATHER	6. Full Name of Father <u>Charles Rowland Thomas</u>				7. State or Country of Father's Birth <u>Wales</u>	
MOTHER	8. Full Maiden Name of Mother <u>Emeline Eliza Waldron</u>				9. State or Country of Mother's Birth <u>Oneida County Idaho</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Polly Thomas McCalli</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 22, 1953</u>				11. Present Address of Registrant <u>1429 Broadwater Ave Billings Montana</u>	
	12. Signature of Notary <u>Waldron</u>				13. Notary Commission expires <u>WOODROW GERRITZ</u> Notary Public for the State of <u>Montana</u> Residing at <u>Billings, Montana</u>	

SUPPORTING RECORD 1.		Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church, Salt Lake City, Utah</u>		Date issued <u>1/27/53</u>		Date Orig. Entry <u>1/17/98</u>	
Class* <u>A</u>		Date of Birth <u>Dec 27, 1897</u>		Birth Place <u>Oneida County, Idaho</u>		Full Name of Mother <u>Emeline E. Waldron</u>		Name of Father <u>C. R. Thomas</u>	
SUPPORTING RECORD 2.		Type of Document <u>Affidavit by brother</u>		By whom issued and signed <u>Charles Edward Thomas</u>		Date issued <u>3/14/53</u>		Date Orig. Entry	
Class <u>B</u>		Date of Birth <u>Dec. 27, 1897</u>		Birth Place <u>Oneida Co., Idaho</u>		Full Name of Mother <u>Emeline E. Waldron</u>		Name of Father <u>Charles Rowland Thomas</u>	
SUPPORTING RECORD 3.		Type of Document		By whom issued and signed		Date issued		Date Orig. Entry	
Class _____		Date of Birth		Birth Place		Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Eva Karnes</u>	Date Filed <u>March 26, 1953</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53-347  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>HAROLD SHEPHERD</b>				2. Date (month) (day) (year) Birth <b>Nov. 28 1897</b>	
	3. Color or Race <b>WHITE</b>	4. Sex <b>MALE</b>	5. Place of Birth <b>BEAR LAKE</b>		6. City or Town of Birth <b>PARIS</b>	
FATHER	6. Full Name of Father <b>JOSEPH RUSSELL SHEPHERD</b>				7. State or Country of Father's Birth <b>ENGLAND</b>	
MOTHER	8. Full Maiden Name of Mother <b>ROSE BUDGE</b>				9. State or Country of Mother's Birth <b>UTAH</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Harold Shepherd</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 1</i> 1953				11. Present Address of Registrant <b>24241 HILLVIEW DRIVE LOS ALTOS, CALIFORNIA</b>	
	12. Signature of Notary <i>Bernice C. Ewell</i>				13. Notary Commission expires <b>NOTARY PUBLIC</b>	
					I am for the County of Santa Clara, State of California My Commission Expires January 15, 1957	

APPLICANT-- DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Church Record</b>		By whom issued and signed <b>L. D. S. Church</b>	Date issued	Date Orig. Entry <b>Feb. 6, 1898</b>
	Date of Birth <b>Nov. 28, 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother <b>Rose Budge</b>	Name of Father <b>Joseph R. Shepherd</b>	
SUPPORTING RECORD 2.	Type of Document <b>School Record</b>		By whom issued and signed <b>Stanford University</b>	Date issued	Date Orig. Entry <b>Sept. 1915</b>
	Date of Birth <b>Nov. 28, 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Beneficial Life Insurance Co.</b>	Date issued <b>Aug. 24, 1919</b>	Date Orig. Entry
	Date of Birth <b>Nov. 28, 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <i>Mary Helen</i>		Date Filed <b>April 3, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# CERTIFICATE OF BIRTH

**REPORTING**  
 Name of Mother: **JOSEPH KASSELL SHEPHERD**  
 Date of Birth: **APR 3 1897**  
 Place of Birth: **WHITE MALE BEAR LAKE**  
 Name of Father: **JOSEPH KASSELL SHEPHERD**  
 Date of Birth: **APR 3 1897**  
 Place of Birth: **WHITE MALE BEAR LAKE**  
 Name of Mother: **JOSEPH KASSELL SHEPHERD**  
 Date of Birth: **APR 3 1897**  
 Place of Birth: **WHITE MALE BEAR LAKE**  
 Name of Father: **JOSEPH KASSELL SHEPHERD**  
 Date of Birth: **APR 3 1897**  
 Place of Birth: **WHITE MALE BEAR LAKE**

REPORTING	REPORTING	REPORTING	REPORTING
Name of Mother: <b>JOSEPH KASSELL SHEPHERD</b> Date of Birth: <b>APR 3 1897</b> Place of Birth: <b>WHITE MALE BEAR LAKE</b>	Name of Mother: <b>JOSEPH KASSELL SHEPHERD</b> Date of Birth: <b>APR 3 1897</b> Place of Birth: <b>WHITE MALE BEAR LAKE</b>	Name of Mother: <b>JOSEPH KASSELL SHEPHERD</b> Date of Birth: <b>APR 3 1897</b> Place of Birth: <b>WHITE MALE BEAR LAKE</b>	Name of Mother: <b>JOSEPH KASSELL SHEPHERD</b> Date of Birth: <b>APR 3 1897</b> Place of Birth: <b>WHITE MALE BEAR LAKE</b>

**REPORTING**  
 Name of Mother: **JOSEPH KASSELL SHEPHERD**  
 Date of Birth: **APR 3 1897**  
 Place of Birth: **WHITE MALE BEAR LAKE**  
 Name of Father: **JOSEPH KASSELL SHEPHERD**  
 Date of Birth: **APR 3 1897**  
 Place of Birth: **WHITE MALE BEAR LAKE**  
 Name of Mother: **JOSEPH KASSELL SHEPHERD**  
 Date of Birth: **APR 3 1897**  
 Place of Birth: **WHITE MALE BEAR LAKE**  
 Name of Father: **JOSEPH KASSELL SHEPHERD**  
 Date of Birth: **APR 3 1897**  
 Place of Birth: **WHITE MALE BEAR LAKE**

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53-360  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>FLORENCE CHEDGZEY</b>			2. Date (month) (day) (year) Of Birth <b>October 12 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>F</b>	5. Place of Birth a. County <b>Idaho Bannock County</b>	b. City or Town of Birth <b>Garden Creek, Idaho</b>		
FATHER	6. Full Name of Father <b>John B. Chedgzey</b>			7. State or Country of Father's Birth <b>Treforest Glamorganshire Wales</b>		
MOTHER	8. Full Maiden Name of Mother <b>Agnes Emma Cutler</b>			9. State or Country of Mother's Birth <b>Callegate Wostershire, England</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Florence Schmier</i>		11. Present Address of Registrant <b>1407 4th St. South—Nampa, Ida</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>April 9 19 53</b>			12. Signature of Notary <i>Mark Freden</i>		13. Notary Commission expires <b>May 7 19 53</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>L. D. S. Church Oron M. Christensen, Bishop</b>		Date issued <b>Aug 5, 1906</b>	Date Orig. Entry <b>Aug. 4, 1906</b>
	Date of Birth <b>Oct. 12, 1897</b>	Birth Place <b>Garden Creek, Idaho</b>	Full Name of Mother <b>Agnes Cutler</b>		Name of Father <b>John B. Chedgzey</b>	
Class* <b>B</b>						
SUPPORTING RECORD 2.	Type of Document <b>Family Genealogy Record</b>		By whom issued and signed		Date issued <b>11/27/27</b>	Date Orig. Entry <b>Nov 27, 1927</b>
	Date of Birth <b>Oct 12, 1897</b>	Birth Place <b>Garden Creek, Idaho</b>	Full Name of Mother <b>Agnes Cutler</b>		Name of Father <b>John B. Chedgzey</b>	
Class <b>B</b>						
SUPPORTING RECORD 3.	Type of Document <b>Affidavit of Sister</b>		By whom issued and signed <b>Sylvia Lawrence</b>		Date issued <b>3/26/53</b>	Date Orig. Entry <b>3/26/53</b>
	Date of Birth <b>Oct 12, 1897</b>	Birth Place <b>Bannock County Garden Creek, Ida.</b>	Full Name of Mother		Name of Father	
Class <b>B</b>						
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Eva Karnes</b>			Date Filed <b>April 9, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

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~~CONFIDENTIAL - FRODO BAGGINS~~

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**CONCLUSIONS**

816-104-104-699

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De53-375

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>John Curtis Hawker</u>				2. Date of Birth (month) (day) (year) <u>March 4 1897</u>	
	3. Color or Race <u>white</u>	4. Sex <u>M.</u>	5. Place of Birth a. County <u>Menan Jefferson</u>		b. City or Town of Birth <u>Menan,</u>	
FATHER	6. Full Name of Father <u>John Samuel Hawker</u>				7. State or Country of Father's Birth <u>Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Lois Jane Firkins</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>John Curtis Hawker</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Feb. 28th 1953</u>				11. Present Address of Registrant <u>Menan, Idaho.</u>	
	12. Signature of Notary <u>George M. Larsen</u>				13. Notary Commission expires <u>Feb. 22th 1953</u>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <u>Affidavit by a cousin</u>		By whom issued and signed <u>A. A. Hawker</u>	Date issued <u>3/22/53</u>	Date Orig. Entry
	Date of Birth <u>Mar. 4, 1897</u>	Birth Place <u>Menan, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <u>Affidavit by</u>		By whom issued and signed <u>Nettie M. Bybee</u>	Date issued <u>Apr. 13, 1953</u>	Date Orig. Entry
	Date of Birth <u>Mch. 4, 1897</u>	Birth Place <u>Menan, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Idaho Rosina Firkins</u>	Date issued <u>Apr. 8, 1953</u>	Date Orig. Entry
	Date of Birth <u>Mch. 4, 1897</u>	Birth Place <u>Menan, Idaho</u>	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mark E. Egan</u>	Date Filed <u>April 14, 1953</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.





United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

# CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

1. **PLACE OF BIRTH** (All items at time of this birth)  
(a) County Bonneville (b) city Idaho Falls  
(c) Street Address or R.F.D. No. 1223 Elmore st.  
(d) Name of Hospital or Maternity Home: \_\_\_\_\_  
(e) Mothers stay **BEFORE** delivery:  
In **THIS** county \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)  
(a) State Idaho (b) County Bonneville  
(c) City Idaho Falls  
(d) Street Address or R.F.D. No. 1223 Elmore st.  
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Fred William Case jr.  
5. Date of Birth of Child  
(Month, day, year) March 7, 1931

- 6 Sex male 7. Twin or Triplet \_\_\_\_\_ If so—born \_\_\_\_\_  
8. No. months of Pregnancy \_\_\_\_\_ 9. Legitimate? yes

- FATHER OF CHILD**  
10. **FULL NAME** Fred William Case  
11. Color white 12. Age at time of THIS birth 43 yrs.  
13. Birthplace Golden Colorado  
(City or town) (State or foreign country)  
14. Exact Occupation laborer  
15. Industry or Business \_\_\_\_\_
- MOTHER OF CHILD**  
16. **FULL MAIDEN NAME** Dora Anna Booth  
17. Color white 18. Age at time of THIS birth 38 yrs.  
19. Birthplace Miles City, Montana  
(City or town) (State or foreign country)  
20. Exact Occupation housewife  
21. Industry or Business \_\_\_\_\_

22. Name prophylactic used to prevent Ophthalmia Neonatorum \_\_\_\_\_  
23. Number of children of this mother: (a) At time of birth and including this child \_\_\_\_\_ (b) Born alive and now living \_\_\_\_\_

- ATTENDANT'S CERTIFICATE**  
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6:00 P. M. on the date \_\_\_\_\_  
(Born alive, stillborn) Dora Booth Case  
and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_  
(First name) (Last name)  
who is related as mother  
(Mother, etc.)

25. Attendant's **OWN** signature \_\_\_\_\_ **Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Midwife Jane Ann Halverson

- State of Idaho } ss. **AFFIDAVIT**  
County of Bonneville } (To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears  
(Mother, etc.)  
in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that  
Dr. Sutton who attended this birth is deceased I further  
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-  
ed under Chapter 139, 1937 Session Laws.

Dora Anna Case Schuler Signature  
1223 Elmore Ave. Idaho Falls, Idaho Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

(SEAL) \_\_\_\_\_, Notary Public, residing at \_\_\_\_\_  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 28, 1953 by W. W. Benson, Registrar

MAR 12 2013

APR 29 1953

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO  
CERTIFICATE OF BIRTH

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Hattie Amanda Vail</i>				2. Date (month) (day) (year) <i>Aug. 1 1897</i>	
	3. Color or Race <i>white</i>	4. Sex	5. Place of Birth <i>Driggs, Teton</i>	6. City Town of Birth <i>Driggs Idaho</i>		
FATHER	6. Full Name of Father <i>David Heber Vail</i>				7. State of Country of Father's Birth <i>Franklin Idaho</i>	
MOTHER	8. Full Maiden Name of Mother <i>Florence Amelia Nilson</i>				9. State of Country of Mother's Birth <i>Of Ford Idaho</i>	
AFFIDAVIT (Notary Seal) 1953	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Hattie Vails</i>	
	Subscribed and sworn to before me on <i>April - 6 - 1953</i>				11. Present Address of Registrant <i>Alpine Idaho</i>	
	12. Signature of Notary <i>Earl V. Gardner</i>				13. Notary Commission expires <i>X 19</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
RECORD 1. Class* <u>A</u>	Type of Document <i>Affidavit by</i>		By whom issued and signed <i>Hattie Amanda Byrne, present</i>		Date issued <i>Apr. 13, 1953</i>
	Date of Birth <i>Aug. 1, 1897,</i>	Birth Place	Full Name of Mother <i>Florence Amelia Vail</i>		Name of Father <i>David Heber Vail</i>
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document <i>Affidavit by aunt</i>		By whom issued and signed <i>Elvira Livingston</i>		Date issued <i>May 5, 1953</i>
	Date of Birth <i>Aug. 1, 1897,</i>	Birth Place <i>Teton, Idaho</i>	Full Name of Mother <i>Florence Amelia Vail</i>		Name of Father <i>David Heber Vail</i>
SUPPORTING RECORD 3. Class _____	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Mabel Heber</i>		Date Filed <i>May 7, 1953</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Sarah Davina Kinghorn</b>			2. Date (month) (day) (year) Birth <b>June 25 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth <b>Fremont</b>	6. City or Town of Birth <b>Lewisville Idaho</b>	
FATHER	6. Full Name of Father <b>David Kinghorn</b>			7. State or Country of Father's Birth <b>Illinois</b>	
MOTHER	8. Full Maiden Name of Mother <b>Eliza Dorcy Brian</b>			9. State or Country of Mother's Birth <b>Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Davina K. Colcord</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 6 1953</i>			11. Present Address of Registrant <b>158 12th Street Idaho Falls, Idaho</b>	
				12. Signature of Notary <i>Jack B. Bennett</i>	
				13. Notary Commission expires <i>Feb 14 1954</i>	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <b>Employment Record</b>		By whom issued and signed <b>Ellsworth Brothers, Idaho Falls,</b>		Date issued	Date Orig. Entry <b>1945-1952</b>
	Date of Birth <b>June 25, 1897</b>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Banker's Life Company</b>		Date issued	Date Orig. Entry <b>Mch 23, 1928</b>
	Date of Birth <b>June 25, 1897- Lewisville, Idaho</b>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <b>Church Record</b>		By whom issued and signed <b>L. D. S. Church</b>		Date issued <b>May 4, 1953</b>	Date Orig. Entry
	Date of Birth <b>June 25, 1897</b>	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mark Hedges</i>	Date Filed <b>May 7, 1953</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

June 22 1891

Louisville  
State of Kentucky of Robert A. Smith  
Illinois

U.S.

128 12th Street  
Louisville, Ky.  
Robert A. Smith

Date: June 22 1891  
Name of Party: Robert A. Smith

Full Name of Party: Robert A. Smith  
Date of Birth: June 22 1891

Full Name of Party: Robert A. Smith  
Date of Birth: June 22 1891

Full Name of Party: Robert A. Smith  
Date of Birth: June 22 1891



RECEIVED  
JUN 22 1891

Date Filed: June 22 1891

NOTED

212-201-033-594  
DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De53-541  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Emma Louise Baker</i>				2. Date (month) (day) (year) Of Birth <i>March 1, 1897</i>	
	3. Color or Race <i>Caucasian</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Madison</i>		6. City or Town of Birth <i>Rexburg, Idaho</i>	
FATHER	6. Full Name of Father <i>Charles Fredrick Baker</i>				7. State or Country of Father's Birth <i>Cincinnati, Ohio</i>	
MOTHER	8. Full Maiden Name of Mother <i>Louise Eiman</i>				9. State or Country of Mother's Birth <i>Russia - of Swiss citizen parents</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Emma L. Leishman</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 1, 1953</i>				11. Present Address of Registrant <i>Salt Lake City, Utah</i>	
	12. Signature of Notary <i>Walter H. Heden</i>				13. Notary Commission expires <i>May 7, 1957</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Birth Certificate of Son</i>		By whom issued and signed <i>Bureau of Vital Statistics State of Idaho #85555</i>		Date issued <i>1/1/21</i>	Date Orig. Entry <i>Dec. 28, 1920</i>
	Date of Birth <i>23 yrs old</i>	Birth Place <i>Idaho</i>	Full Name of Mother		Name of Father	
Class* <i>B.</i>						
SUPPORTING RECORD 2.	Type of Document <i>Affidavit of Uncle</i>		By whom issued and signed <i>John A. Eiman</i>		Date issued <i>4/23/53</i>	Date Orig. Entry <i>4/23/53</i>
	Date of Birth <i>Mar 1, 1897</i>	Birth Place <i>Rexburg, Idaho</i>	Full Name of Mother <i>Louise Eiman Baker</i>		Name of Father <i>Charles Fredrick Baker</i>	
Class <i>B.</i>						
SUPPORTING RECORD 3.	Type of Document <i>Life Insurance Policy</i>		By whom issued and signed <i>Federal Life Insurance Co.</i>		Date issued <i>4/21/28</i>	Date Orig. Entry <i>4/21/28</i>
	Date of Birth <i>Mar 1, 1897</i>	Birth Place <i>Rexburg, Idaho</i>	Full Name of Mother		Name of Father	
Class <i>B.</i>						

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Eva Karnes</i>	Date Filed <i>June 1, 1953</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# DELAWARE STATE OF DEATH

<p>DELAWARE STATE OF DEATH</p>		<p>DELAWARE STATE OF DEATH</p>	
<p>1. Name of Deceased</p>		<p>2. Date of Death</p>	
<p>3. Place of Birth</p>		<p>4. Date of Birth</p>	
<p>5. Name of Father</p>		<p>6. Name of Mother</p>	
<p>7. State of County of Deceased's Birth</p>		<p>8. State of County of Mother's Birth</p>	
<p>9. Present Address of Deceased</p>		<p>10. Signature of Registrar</p>	
<p>11. Name of Deceased</p>		<p>12. Signature of Registrar</p>	
<p>13. Date of Death</p>		<p>14. Date of Birth</p>	
<p>15. Name of Father</p>		<p>16. Name of Mother</p>	
<p>17. Date of Death</p>		<p>18. Date of Birth</p>	
<p>19. Name of Father</p>		<p>20. Name of Mother</p>	
<p>21. Date of Death</p>		<p>22. Date of Birth</p>	
<p>23. Name of Father</p>		<p>24. Name of Mother</p>	
<p>25. Date of Death</p>		<p>26. Date of Birth</p>	
<p>27. Name of Father</p>		<p>28. Name of Mother</p>	
<p>29. Date of Death</p>		<p>30. Date of Birth</p>	
<p>31. Name of Father</p>		<p>32. Name of Mother</p>	
<p>33. Date of Death</p>		<p>34. Date of Birth</p>	
<p>35. Name of Father</p>		<p>36. Name of Mother</p>	
<p>37. Date of Death</p>		<p>38. Date of Birth</p>	
<p>39. Name of Father</p>		<p>40. Name of Mother</p>	
<p>41. Date of Death</p>		<p>42. Date of Birth</p>	
<p>43. Name of Father</p>		<p>44. Name of Mother</p>	
<p>45. Date of Death</p>		<p>46. Date of Birth</p>	
<p>47. Name of Father</p>		<p>48. Name of Mother</p>	
<p>49. Date of Death</p>		<p>50. Date of Birth</p>	
<p>51. Name of Father</p>		<p>52. Name of Mother</p>	
<p>53. Date of Death</p>		<p>54. Date of Birth</p>	
<p>55. Name of Father</p>		<p>56. Name of Mother</p>	
<p>57. Date of Death</p>		<p>58. Date of Birth</p>	
<p>59. Name of Father</p>		<p>60. Name of Mother</p>	
<p>61. Date of Death</p>		<p>62. Date of Birth</p>	
<p>63. Name of Father</p>		<p>64. Name of Mother</p>	
<p>65. Date of Death</p>		<p>66. Date of Birth</p>	
<p>67. Name of Father</p>		<p>68. Name of Mother</p>	
<p>69. Date of Death</p>		<p>70. Date of Birth</p>	
<p>71. Name of Father</p>		<p>72. Name of Mother</p>	
<p>73. Date of Death</p>		<p>74. Date of Birth</p>	
<p>75. Name of Father</p>		<p>76. Name of Mother</p>	
<p>77. Date of Death</p>		<p>78. Date of Birth</p>	
<p>79. Name of Father</p>		<p>80. Name of Mother</p>	
<p>81. Date of Death</p>		<p>82. Date of Birth</p>	
<p>83. Name of Father</p>		<p>84. Name of Mother</p>	
<p>85. Date of Death</p>		<p>86. Date of Birth</p>	
<p>87. Name of Father</p>		<p>88. Name of Mother</p>	
<p>89. Date of Death</p>		<p>90. Date of Birth</p>	
<p>91. Name of Father</p>		<p>92. Name of Mother</p>	
<p>93. Date of Death</p>		<p>94. Date of Birth</p>	
<p>95. Name of Father</p>		<p>96. Name of Mother</p>	
<p>97. Date of Death</p>		<p>98. Date of Birth</p>	
<p>99. Name of Father</p>		<p>100. Name of Mother</p>	



Evidence reviewed by: Date: June 1, 1953

This certificate was prepared by the Registrar of the State of Delaware, and is subject to review and correction by the Registrar at any time.

JUN 5 - 1953

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Adrienne Woolley</u>				2. Date (month) (day) (year) Of Birth <u>February</u> <u>6</u> <u>1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Franklin</u>		b. City or Town of Birth <u>Preston</u>		
FATHER	6. Full Name of Father <u>Ezra F. Woolley</u>				7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Grace Ann Hemenway</u>				9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Adrienne W. Beekstead</u>		11. Present Address of Registrant <u>Route 1 Preston, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>5-27-1953</u> 19____				12. Signature of Notary <u>A. K. Swainston</u>		13. Notary Commission expires <u>5-23-1955</u> 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>A</u>	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>5/28/53</u>	Date Orig. Entry <u>Blessed on Feb. 14, 1897</u>
	Date of Birth <u>Feb. 6, 1897</u>	Birth Place <u>Preston, Idaho</u>	Full Name of Mother <u>Grace Hemenway</u>	Name of Father <u>Ezra F. Woolley</u>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <u>Affidavit by Sister</u>		By whom issued and signed <u>Effie W. Brower</u>	Date issued <u>May 27, 1953</u>	Date Orig. Entry
	Date of Birth <u>Feb. 6, 1897</u>	Birth Place <u>Preston</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-  Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>June 5, 1953</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# STATE OF IOWA

STATE OF IOWA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
DES MOINES, IOWA

**REGISTRATION**

1. Name of Child: George Washington

2. Sex: Male

3. Date of Birth: 2/25/1922

4. Place of Birth: Des Moines, Iowa

5. State of Birth: Iowa

6. Name of Mother: John W. Hamilton

7. Name of Father: John W. Hamilton

8. Address of Mother: 111. Present Address of Registrant

9. Address of Father: 111. Present Address of Registrant

10. Signature of Registrar: [Signature]

11. Signature of Mother: [Signature]

12. Signature of Father: [Signature]

13. Date of Registration: 2/25/1922

14. Date of Issuance: 2/25/1922

15. Date of Filing: 2/25/1922



**REGISTRATION**

1. Name of Child: George Washington

2. Sex: Male

3. Date of Birth: 2/25/1922

4. Place of Birth: Des Moines, Iowa

5. State of Birth: Iowa

6. Name of Mother: John W. Hamilton

7. Name of Father: John W. Hamilton

8. Address of Mother: 111. Present Address of Registrant

9. Address of Father: 111. Present Address of Registrant

10. Signature of Registrar: [Signature]

11. Signature of Mother: [Signature]

12. Signature of Father: [Signature]

13. Date of Registration: 2/25/1922

14. Date of Issuance: 2/25/1922

15. Date of Filing: 2/25/1922

**REGISTRATION**

1. Name of Child: George Washington

2. Sex: Male

3. Date of Birth: 2/25/1922

4. Place of Birth: Des Moines, Iowa

5. State of Birth: Iowa

6. Name of Mother: John W. Hamilton

7. Name of Father: John W. Hamilton

8. Address of Mother: 111. Present Address of Registrant

9. Address of Father: 111. Present Address of Registrant

10. Signature of Registrar: [Signature]

11. Signature of Mother: [Signature]

12. Signature of Father: [Signature]

13. Date of Registration: 2/25/1922

14. Date of Issuance: 2/25/1922

15. Date of Filing: 2/25/1922

STATE OF IOWA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
DES MOINES, IOWA

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53 579  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>CLEOPHA THOMAS</b>				2. Date (month) (day) (year) Birth <b>MAY 16 1897</b>	
	3. Color or Race <b>WHITE</b>	4. Sex <b>FEMALE</b>	5. Place of Birth <b>MALAD</b>	a. County <b>ONEIDA IDAHO</b>	b. City or Town of Birth <b>MALAD</b>	
FATHER	6. Full Name of Father <b>THOMAS GOMER THOMAS</b>				7. State or Country of Father's Birth <b>ONEIDA Co IDAHO</b>	
MOTHER	8. Full Maiden Name of Mother <b>LORN WILLIAMS</b>				9. State or Country of Mother's Birth <b>IDAHO</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Cleopha Thomas Lillywhite</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 20</u> 1953				11. Present Address of Registrant <b>4807 Anglin Vista, Blvd. LOS ANGELES CALIF.</b>	
					12. Signature of Notary <i>Leona Phyllis</i>	
				13. Notary Commission expires <u>My Commission Expires May 9, 1955.</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Census record of 1920		Bureau of the Census	10/19/50	Census of
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	Jan. 1, 1920
Class* <u>B</u>	22 yrs old Idaho				
SUPPORTING RECORD 2-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Affidavit by an Aunt		Mrs. Dora Thomas Morgan	10/8/52	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class <u>B</u>	May 16, 1897 Malad, Idaho				
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Affidavit by an Aunt		Annie E. Goddard	Dec. 17, 1952	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class <u>B</u>	May 16, 1897 Malad, Idaho				
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Edna Hamilton</b>	Date Filed <b>June 8, 1953</b>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DELATED EATE OF BIRTH

STATE OF OHIO

1901

1. State of County of Father's Birth 2. State of County of Mother's Birth 3. Name of Father 4. Name of Mother 5. Name of Child 6. Date of Birth 7. Place of Birth 8. Sex 9. Color 10. Signature of Registrar 11. Signature of Father 12. Signature of Mother 13. Signature of Child		14. Date of Birth 15. Place of Birth 16. Sex 17. Color 18. Signature of Registrar 19. Signature of Father 20. Signature of Mother 21. Signature of Child	
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22. Date of Birth 23. Place of Birth 24. Sex 25. Color 26. Signature of Registrar 27. Signature of Father 28. Signature of Mother 29. Signature of Child		30. Date of Birth 31. Place of Birth 32. Sex 33. Color 34. Signature of Registrar 35. Signature of Father 36. Signature of Mother 37. Signature of Child	
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38. Date of Birth 39. Place of Birth 40. Sex 41. Color 42. Signature of Registrar 43. Signature of Father 44. Signature of Mother 45. Signature of Child		46. Date of Birth 47. Place of Birth 48. Sex 49. Color 50. Signature of Registrar 51. Signature of Father 52. Signature of Mother 53. Signature of Child	
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REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Essie Elizabeth Samyers</i>				2. Date (month) (day) (year) of Birth <i>May 28 1897</i>	
	3. Color or Race <i>American</i>	4. Sex	5. Place of Birth <i>Kanoka - Ida</i>	a. County <i>Idaho</i>	b. City or Town of Birth <i>Kanoka Idaho</i>	
FATHER	6. Full Name of Father <i>John Willard Samyers</i>				7. State or Country of Father's Birth <i>Topeka - Kansas</i>	
MOTHER	8. Full Maiden Name of Mother <i>Victoria Samyers Smith</i>				9. State or Country of Mother's Birth <i>Olathe - Kansas</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Essie E. Dingman</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 9th 1953</i>				11. Present Address of Registrant <i>Silverton - Oregon</i>	
	12. Signature of Notary <i>Don Burch</i>				13. Notary Commission expires <i>NOTARY PUBLIC FOR OREGON My Commission Expires Feb. 24, 1954</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>School Record</i>		By whom issued and signed <i>Twin Falls High School</i>	Date issued	Date Orig. Entry <i>Sept. 23, 1912</i>
	Date of Birth <i>May 28, 1897,</i>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <i>Affidavit by mother</i>		By whom issued and signed <i>Victoria Sawyer</i>	Date issued <i>Apr. 10, 1953</i>	Date Orig. Entry
	Date of Birth <i>May 28, 1897,</i>	Birth Place <i>Konoka, Idaho</i>	Full Name of Mother <i>Victoria Sawyer</i>	Name of Father <i>John Willard Sawyer</i>	
SUPPORTING RECORD 3.	Type of Document <i>Certificate of Age from Marriage Record Affidavit --</i>		By whom issued and signed <i>T. W. Stivers, Auditor of Twin Falls, County, Idaho</i>	Date issued <i>5/28/53</i>	Date Orig. Entry <i>Marriage License on Dec. 31, 1914</i>
	Date of Birth <i>17 yrs old</i>	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Edna Hamilton</i>	Date Filed <i>June 11, 1953</i>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

DATE OF BIRTH

JUN 11 1953

JUN 12 1953



DATE OF BIRTH

RECEIVED

DATE OF BIRTH

DATE OF BIRTH

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REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>HERBERT ROY CRENSHAW</u>				2. Date (month) (day) (year) Of Birth <u>Dec 21 - 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>male</u>	5. Place of Birth <u>Kootenai</u>		b. City or Town of Birth <u>Rathdrum</u>	
FATHER	6. Full Name of Father <u>JOHN CRENSHAW</u>				7. State or Country of Father's Birth <u>ARKANSAS</u>	
MOTHER	8. Full Maiden Name of Mother <u>CorA J. BORTHWICK</u>				9. State or Country of Mother's Birth <u>MINNESOTA</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Herbert Crenshaw</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 22 1953</u>				11. Present Address of Registrant <u>Garfield Wash</u>	
	12. Signature of Notary <u>Edna Hamilton</u>				13. Notary Commission expires <u>9-4 1953</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Family record of Births</u>	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth <u>Dec. 21, 1897</u>	Birth Place	Full Name of Mother	Name of Father
Class* <u>A</u>				
SUPPORTING RECORD 2.	Type of Document <u>Bible record of family births</u>	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth <u>Dec. 21, 1897</u>	Birth Place <u>Rathdrum, Idaho</u>	Full Name of Mother <u>Cora J. Borthwick</u>	Name of Father <u>John Crenshaw</u>
Class <u>A</u>				
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by Aunt</u>	By whom issued and signed <u>Mrs. Annie E. Woods</u>	Date issued <u>7/6/53</u>	Date Orig. Entry
	Date of Birth <u>Dec. 21, 1897</u>	Birth Place	Full Name of Mother	Name of Father
Class <u>B</u>				

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>Aug. 5, 1953</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.





DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53-788  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>William McDonald</u>				2. Date (month) (day) (year) Of Birth <u>Aug.</u> <u>23</u> <u>1897</u>			
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Idaho</u> <u>Nez Perce</u>		b. City or Town of Birth <u>no town</u>			
FATHER	6. Full Name of Father <u>John McDonald</u>				7. State or Country of Father's Birth <u>Canada</u>			
MOTHER	8. Full Maiden Name of Mother <u>Tilda (Maiden name unknown)</u>				9. State or Country of Mother's Birth <u>Norway</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>William McDonald</u>		11. Present Address of Registrant <u>Box 1078</u> <u>Ketchikan, Alaska</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Feb. 20</u> <u>19</u> <u>53</u>				12. Signature of Notary <u>Alpha C. Milligan</u>		13. Notary Commission expires <u>June 5</u> <u>19</u> <u>56</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce</u> <u>Bureau of the Census</u>		Date issued <u>census of</u>	Date Orig. Entry <u>1900</u>
	Date of Birth <u>Aug. 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Tilda McDonald</u>		Name of Father <u>John McDonald</u>	
SUPPORTING RECORD 2.	Type of Document <u>School Census</u>		By whom issued and signed <u>Tacoma Public Schools</u>		Date issued <u>census</u>	Date Orig. Entry <u>May 1, 1909</u>
	Date of Birth <u>Aug. 23, 1897,</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>School Census</u>		By whom issued and signed <u>Port Townsend, Washington</u>		Date issued <u>census</u>	Date Orig. Entry <u>1913</u>
	Date of Birth <u>Aug. 23, 1897</u>	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mabel F. Egan</u>			Date Filed <u>Aug. 17, 1953</u>

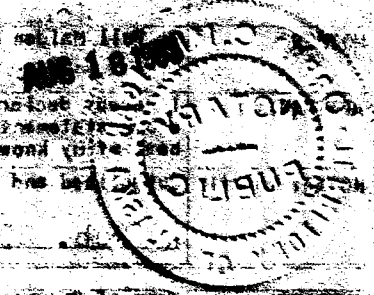
\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECLARED CERTIFICATE OF BIRTH

## STATE OF ILLINOIS

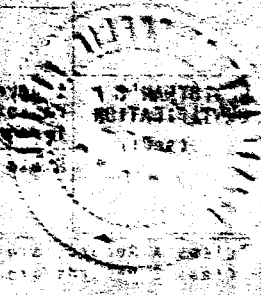
Department of Public Health  
Division of Vital Statistics  
Bureau of Births

<p>1. Registrar's Full Name as Birth</p> <p>2. Color of Hair</p> <p>3. Color of Eyes</p> <p>4. Full Name of Father</p> <p>5. State or County of Father's Birth</p> <p>6. Present Address of Registrar</p> <p>7. Name of Registrar</p>	<p>8. Signature of Registrar</p> <p>9. Signature of Father</p> <p>10. Signature of Mother</p>
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<p>11. Date of Birth</p> <p>12. Place of Birth</p>	<p>13. Name of Father</p> <p>14. Name of Mother</p>	<p>15. Name of Registrar</p> <p>16. Signature of Registrar</p>	<p>17. Signature of Father</p> <p>18. Signature of Mother</p>
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<p>19. Date of Birth</p> <p>20. Place of Birth</p> <p>21. Name of Father</p> <p>22. Name of Mother</p>	<p>23. Name of Registrar</p> <p>24. Signature of Registrar</p> <p>25. Signature of Father</p> <p>26. Signature of Mother</p>
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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53-842  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth May (none) HAZELTINE					2. Date (month) (day) (year) May 1 1897		
	3. Color or Race White	4. Sex female	5. Place of Birth Latah		6. City or Town of Birth Genesee			
FATHER	6. Full Name of Father Oscar Lavette Hazeltine					7. State or Country of Father's Birth State of Maine		
MOTHER	8. Full Maiden Name of Mother Alice Mary (or Mary Alice) Pitchford					9. State or Country of Mother's Birth Kansas		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Mary Hazeltine</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 23</i> 1953					12. Signature of Notary <i>Jack J. Schurack</i>		11. Present Address of Registrant 2329 East Hill Ave - Cincinnati, Ohio
								13. Notary Commission expires <i>Oct 16</i> 1954

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document		An Excerpt from an illustrated history of Southeastern Washington *		By whom issued and signed		Western Historical Publishing Co., Spokane, Page 759.		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father					
SUPPORTING RECORD 2	Type of Document		Letter relative Insurance Policy No. 1007218		By whom issued and signed		Provident Mutual Life Ins. Co.		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father					
SUPPORTING RECORD 3	Type of Document				By whom issued and signed				Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father					

QUALIFYING INFORMATION  
\* The volume of "An Illustrated History of Southeastern Washington" was examined by the United States Commissioner, Eastern District of Washington, residing at Clarkston in said District, who verifies the copy submitted to this office as a true copy of the excerpt from the volume.

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Mary Hazeltine</i>		Date Filed Sept. 3, 1953

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 Copies made



168-22-040-168  
**DELAYED CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. De53-849  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Ellen Elizabeth Johnson</b>				2. Date of Birth June 21 1897 (month) (day) (year)			
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Mullan, Ida., Shoshone</b>		b. City or Town of Birth <b>Mullan, Idaho</b>			
<b>FATHER</b>	6. Full Name of Father <b>Emil Johnson</b>				7. State or Country of Father's Birth <b>Sweden</b>			
<b>MOTHER</b>	8. Full Maiden Name of Mother (Maiden last name was Johnson) <b>Anna Josephine Johnson</b>				9. State or Country of Mother's Birth <b>Sweden</b>			
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ellen Elizabeth Johnson</i>		11. Present Address of Registrant <b>417 Earle Street, Idaho P. O. Box 271 Mullan,</b>		
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <u>Aug. 31</u> 1953			12. Signature of Notary <i>John B. Quinn</i>		13. Notary Commission expires <u>Oct. 21</u> 1956		

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>Gustaf Rydgmil, Pastor</b>		Date issued <b>Baptized</b>	Date Orig. Entry <b>Oct. 18, 1910</b>
	Date of Birth <b>June 21, 1897,</b>	Birth Place <b>Mullan, Idaho</b>	Full Name of Mother <b>Annie Johnson</b>		Name of Father <b>Emil Johnson</b>	
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Affidavit by mother</b>		By whom issued and signed <b>Annie Josephine Johnson</b>		Date issued <b>Aug. 17, 1953</b>	Date Orig. Entry
	Date of Birth <b>June 21, 1897,</b>	Birth Place <b>Mullan, Idaho</b>	Full Name of Mother		Name of Father	
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Affidavit by Uncle</b>		By whom issued and signed <b>Frank T. Anderson</b>		Date issued <b>Aug. 31, 1953</b>	Date Orig. Entry
	Date of Birth <b>June 21, 1897,</b>	Birth Place <b>Mullan, Idaho</b>	Full Name of Mother <b>Annie Josephine Johnson</b>		Name of Father <b>Emil Johnson</b>	

**QUALIFYING INFORMATION**


**REGISTRAR'S CERTIFICATION**  
(seal)

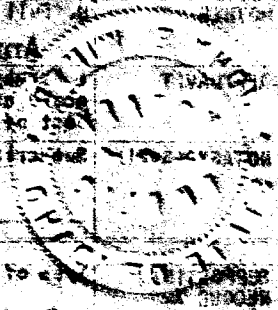
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>W. W. Benson</i>	Date Filed* <b>Sept. 8, 1953</b>

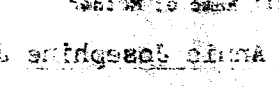
\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

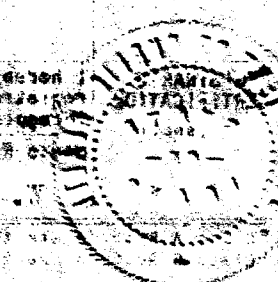
# DELAID CERTIFICATE OF BIRTH STATE OF IDAHO

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

1. Name of Child <b>Ellen Elizabeth Johnson</b>		2. Date of Birth <b>June 21, 1897</b>	
3. Sex <b>Female</b>		4. Place of Birth <b>Sweden</b>	
5. Name of Father <b>Carl Johnson</b>		6. Name of Mother <b>Anna Josephine Johnson (nee was Johnson)</b>	
7. Date of Marriage <b>June 21, 1897</b>		8. Place of Marriage <b>Sweden</b>	
9. Name of Registrar <b>W. W. Johnson</b>		10. Signature of Registrar 	
11. Address of Registrar <b>117 Erie Street, Idaho Falls, Idaho</b>		12. Name of County of Birth <b>Idaho</b>	



13. Name of Registrar <b>W. W. Johnson</b>		14. Address of Registrar <b>117 Erie Street, Idaho Falls, Idaho</b>	
15. Name of County of Birth <b>Idaho</b>		16. Name of State of Birth <b>Idaho</b>	
17. Name of Father <b>Carl Johnson</b>		18. Name of Mother <b>Anna Josephine Johnson</b>	
19. Date of Marriage <b>June 21, 1897</b>		20. Place of Marriage <b>Sweden</b>	
21. Name of Registrar <b>W. W. Johnson</b>		22. Signature of Registrar 	
23. Address of Registrar <b>117 Erie Street, Idaho Falls, Idaho</b>		24. Name of County of Birth <b>Idaho</b>	



I hereby certify that a birth certificate was filed in the Division of Vital Statistics of the State of Idaho, and that the same has been forwarded to the proper authorities for their consideration and action.

W. W. Johnson  
Registrar

June 21, 1897

# 366-25-003-366 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De53-895  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mary Lucile Coffin</u>				2. Date (month) (day) (year) Of Birth <u>October 25</u> <u>1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Bannock</u>		b. City or Town of Birth <u>Marsh Center</u>	
FATHER	6. Full Name of Father <u>Nathan Samuel Coffin</u>				7. State or Country of Father's Birth <u>Idaho</u> <u>Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Margaret M. Cooper</u>				9. State or Country of Mother's Birth <u>Idaho</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mary Lucile Coffin</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>September 4</u> <u>1953</u>				11. Present Address of Registrant <u>Arimo, Idaho</u>	
					12. Signature of Notary <u>Ralph H. Jones</u>	
					13. Notary Commission expires <u>June 19</u> <u>1955</u>	

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>L. D. S. Church, by Arland E. Lowry, Bishop</u>		Date issued <u>9/8/53</u>	Date Orig. Entry <u>Baptized on Dec. 2, 1905</u>
	Date of Birth <u>Oct. 25, 1897</u>	Birth Place <u>Marsh Center, Ida.</u>	Full Name of Mother <u>Margaret M. Cooper</u>		Name of Father <u>Nathan S. Coffin</u>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <u>Affidavit for marriage license</u>		By whom issued and signed <u>Anna Keefe, Clerk, Bannock County</u>		Date issued <u>9/14/53</u>	Date Orig. Entry <u>Marriage license Nov. 24, 1915</u>
	Date of Birth <u>18 yrs old</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <u>Church record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>Dec. 3, 1905</u>	Date Orig. Entry
	Date of Birth <u>Oct. 25, 1897</u>	Birth Place <u>Marsh Center, Idaho</u>	Full Name of Mother <u>Margaret Miller Cooper</u>		Name of Father <u>Nathan S. Coffin</u>	

QUALIFYING INFORMATION	** C. W. Pomeroy was Ex-Officio County Recorder at time marriage license was issued.		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary Lucile Coffin</u>	Date Filed <u>Sept. 22, 1953</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



STATE OF IOWA  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF INVESTIGATION

RECEIVED

OFFICE OF THE ATTORNEY GENERAL  
DES MOINES, IOWA

RECEIVED

OFFICE OF THE ATTORNEY GENERAL  
DES MOINES, IOWA

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OFFICE OF THE ATTORNEY GENERAL  
DES MOINES, IOWA

RECEIVED

DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De53-904  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Queenie Charlotte Foster</u>				2. Date (month) (day) (year) <u>January 7<sup>th</sup> 1897</u>	
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Moscow</u>	a. County <u>Latah</u>	b. City or Town of Birth <u>Moscow Idaho</u>	
FATHER	6. Full Name of Father <u>David Lawson Foster</u>				7. State or Country of Father's Birth <u>Prince Edward Isle - Canada</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mary Effie Brown</u>				9. State or Country of Mother's Birth <u>Iowa</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Queenie Charlotte Foster</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 19<sup>th</sup> 1953</u>				11. Present Address of Registrant <u>3606 Admiral Way Seattle, 6 W*</u>	
	12. Signature of Notary <u>Harold H. Benson</u>				13. Notary Commission expires <u>Aug 27<sup>th</sup> 1953</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Phoenix Mutual Insurance Co.</u>	Date issued	Date Orig. Entry <u>3-15-1928</u>
	Date of Birth <u>Jan. 7, 1897</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Mrs. Sidney Helms</u>	Date issued <u>9/21/53</u>	Date Orig. Entry
	Date of Birth <u>Jan. 7, 1897</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by Uncle</u>		By whom issued and signed <u>Bictor McGregor</u>	Date issued <u>9/21/53</u>	Date Orig. Entry
	Date of Birth <u>Jan. 7, 1897</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W.W. Benson</u>	Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>Sept. 24, 1953</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH

STATE OF IOWA

<p>1. Name of Deceased  <b>David Foster</b></p>		<p>2. Date of Birth  <b>Jan. 7, 1937</b></p>	
<p>3. Place of Birth  <b>Wasson, Iowa</b></p>		<p>4. Name of Mother  <b>John Foster</b></p>	
<p>5. Name of Father  <b>John Foster</b></p>		<p>6. Date of Death  <b>Jan. 7, 1937</b></p>	
<p>7. Place of Death  <b>Wasson, Iowa</b></p>		<p>8. Name of Physician  <b>John Foster</b></p>	
<p>9. Name of Registrar  <b>John Foster</b></p>		<p>10. Date of Registration  <b>Jan. 7, 1937</b></p>	



THIS CERTIFICATE OF BIRTH IS ISSUED IN ACCORDANCE WITH THE ACTS OF THE LEGISLATURE OF THE STATE OF IOWA, PASSED AT THE SEVENTH REGULAR SESSION, 1937, CHAPTER 111, SECTION 1, AND IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE BOARD OF HEALTH, PASSED AT THE SEVENTH REGULAR SESSION, 1937, CHAPTER 111, SECTION 2.

W. F. Gannon  
 Registrar

John Foster  
 Registrar

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De53-908  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>GEORGE FREDERICK ROBERTSON</b>			2. Date (month) (day) (year) Of Birth <b>FEB 8 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>M Idaho Bear Lake</b>	b. City or Town of Birth <b>Montpelier</b>		
FATHER	6. Full Name of Father <b>George Wood Robertson</b>			7. State or Country of Father's Birth <b>Illinois</b>		
MOTHER	8. Full Maiden Name of Mother <b>Josephine Enderle</b>			9. State or Country of Mother's Birth <b>Iowa</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>George Frederick Robertson</i>		11. Present Address of Registrant <b>Glenns Ferry, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>APR 5 - 1951</b> 19____			12. Signature of Notary <i>W. W. Thum</i>		13. Notary Commission expires <b>3/9/54</b> 19____

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Family Bible Record</b>		By whom issued and signed <b>Josephine Robertson</b>	Date Issued <b>1897</b>	Date Orig. Entry <b>1897</b>
	Date of Birth <b>Feb 8-1897</b>	Birth Place <b>Montpelier</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <b>Honorable Discharge</b>		By whom issued and signed <b>U. S. Army</b>	Date Issued <b>8/14/18</b>	Date Orig. Entry <b>11/29/18</b>
	Date of Birth <b>21 yrs old</b>	Birth Place <b>Montpelier, Ida.</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <b>Birth Certificate of Son</b>		By whom issued and signed <b>Bureau of Vital Statistics State of Idaho #66407</b>	Date Issued <b>1/30/19</b>	Date Orig. Entry <b>1/23/19</b>
	Date of Birth <b>21 yrs old</b>	Birth Place <b>America</b>	Full Name of Mother	Name of Father	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W W Benson</i>	Evidence reviewed by <i>Eva Turnipseed</i>	Date Filed <b>Sept. 25, 1953</b>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



REDEEMED CERTIFICATE OF BIRTH  
 23052 STATE OF IDAHO  
 DIVISION OF VITAL

State File No. De53-911  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name <u>Tom Robertson Crawford</u>		2. Date (month) (day) (year) Of Birth <u>June</u> <u>2</u> <u>1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Caldwell</u> <u>Owyhee</u>	
FATHER	6. Full Name of Father <u>Lincoln Henson Crawford</u>		7. State or Country of Father's Birth <u>Missouri</u>	
MOTHER	8. Full Maiden Name of Mother <u>Lola Lorena Lawing</u>		9. State or Country of Mother's Birth <u>Missouri</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <u>Tom Robertson Crawford</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 26 - 1952</u>		11. Present Address of Registrant <u>7410 Wyoming, Kansas City, Mo.</u>	
			12. Signature of Notary <u>Ola Trueman</u>	
			13. Notary Commission expires <u>January 9 - 1955</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Application for Insurance</u>		By whom issued and signed <u>New York Life Insurance Co.</u>		Date Issued <u>Nov. 20, 1925</u>	Date Orig. Entry
	Date of Birth <u>June 2, 1897</u>	Birth Place <u>Caldwell, Idaho</u>	Full Name of Mother		Name of Father	
Class <u>B</u>						
SUPPORTING RECORD 2.	Type of Document <u>Application for Social Security</u>		By whom issued and signed <u>Social Security Adm.</u>		Date Issued <u>Dec. 29, 1936</u>	Date Orig. Entry
	Date of Birth <u>June 2, 1897</u>	Birth Place <u>Caldwell, Idaho</u>	Full Name of Mother <u>Lola Lorena Lawing</u>		Name of Father <u>Lincoln Henson Crawford</u>	
Class <u>B</u>						
SUPPORTING RECORD 3.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>New York Life Insurance Co.</u>		Date Issued <u>Dec. 4, 1925</u>	Date Orig. Entry
	Date of Birth <u>June 2, 1897</u>	Birth Place <u>Caldwell, Idaho</u>	Full Name of Mother		Name of Father	
Class <u>B</u>						

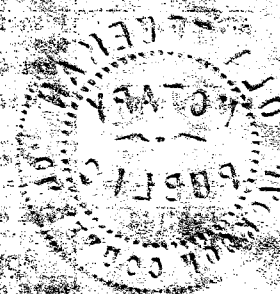
QUALIFYING  
INFORMATION

Voting record signed by R. W. McMillan, Board of Election Commissioners  
gives date of birth as June 2, 1897

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary E. Eder</u>	Date Filed <u>Sept. 28, 1953</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 28 1953



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De53 936  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Emma Magdalene Sparks</u>				2. Date (month) (day) (year) Of Birth <u>July</u> <u>8</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Dingle</u>	a. County <u>Bear Lake</u>	b. City or Town of Birth <u>Dingle, Idaho</u>		
FATHER	6. Full Name of Father <u>Alfred William Sparks</u>				7. State or Country of Father's Birth <u>Lehi, Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Sarah Jane Grimmert</u>				9. State or Country of Mother's Birth <u>West Jordan, Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Emma M. Nelson</u>		11. Present Address of Registrant <u>205 Rosewood Pocatello, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>September 3</u> 19 <u>53</u>		12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>Aug 12</u> 19 <u>53</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class <u>B</u>	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>Reorganized Church of L. D. S. by Marle P. Guthrie, recorder</u>	Date issued <u>June 1906</u>	Date Orig. Entry <u>Baptized on June 10, 1906</u>
	Date of Birth <u>July 8, 1897</u>	Birth Place <u>Dingle, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document <u>Application for Insurance</u>		By whom issued and signed <u>Missouri State Life Ins. Co.</u>	Date issued <u>Oct. 13, 1932</u>	Date Orig. Entry
	Date of Birth <u>July 8, 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <u>Affidavit by Mother</u>		By whom issued and signed <u>Sarah Jane Sparks Dayton</u>	Date issued <u>9/22/53</u>	Date Orig. Entry
	Date of Birth <u>July 8, 1897</u>	Birth Place <u>Dingle, Idaho</u>	Full Name of Mother <u>Sarah Jane Grimmert Sparks</u>	Name of Father <u>Alfred William Sparks</u>	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>October 5, 1953</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



OCT 5

Name of Person		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	
Name of Mother		Date of Birth		Place of Birth	
Mary Jane Sprague		1901		Dingle, Idaho	
Name of Father		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	
Name of Mother		Date of Birth		Place of Birth	
Mary Jane Sprague		1901		Dingle, Idaho	
Name of Father		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	

Name of Person		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	
Name of Mother		Date of Birth		Place of Birth	
Mary Jane Sprague		1901		Dingle, Idaho	
Name of Father		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	
Name of Mother		Date of Birth		Place of Birth	
Mary Jane Sprague		1901		Dingle, Idaho	
Name of Father		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	

Name of Person		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	
Name of Mother		Date of Birth		Place of Birth	
Mary Jane Sprague		1901		Dingle, Idaho	
Name of Father		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	
Name of Mother		Date of Birth		Place of Birth	
Mary Jane Sprague		1901		Dingle, Idaho	
Name of Father		Date of Birth		Place of Birth	
John William Sprague		1901		Dingle, Idaho	



DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De53-1024  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Pearl Emily Howell				2. Date (month) (day) (year) June 28 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth Idaho	a. County Franklin	b. City or Town of Birth Clifton	
FATHER	6. Full Name of Father Jason Howell				7. State or Country of Father's Birth Bear Lake, Idaho	
MOTHER	8. Full Maiden Name of Mother Emily Van Luven				9. State or Country of Mother's Birth Clifton, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Pearl E. Langley</i>	
NOTARY (Seal)	Subscribed and sworn to before me on November 7, 1953				11. Present Address of Registrant 1226 East Jefferson, Boise	
	12. Signature of Notary <i>Harry A. Kaymish</i>				13. Notary Commission expires August 21, 1954	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1	Type of Document Child's Birth Certificate		By whom issued and signed on file in		Date issued 9/15/1936
	Date of Birth Age 32	Birth Place Idaho	Full Name of Mother Idaho		Date Orig. Entry March 1, 1930
Class* <u>B</u>					Name of Father
SUPPORTING RECORD 2	Type of Document Insurance Policy		By whom issued and signed Metropolitan Life Insurance		Date issued 8-5-46
	Date of Birth 50 yrs old	Birth Place	Full Name of Mother		Date Orig. Entry
Class <u>B</u>					Name of Father
SUPPORTING RECORD 3	Type of Document Affidavit by mother		By whom issued and signed Emily Barker		Date issued Nov. 9, 1953
	Date of Birth June 28, 1897	Birth Place Clifton, Idaho	Full Name of Mother		Date Orig. Entry
Class <u>B</u>					Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mark E. Edson</i>	Date Filed Nov. 9, 1953

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH

STATE OF IOWA

NOV 10 1900

REGISTRATION

REGISTRATION

FATHER

MOTHER

REGISTRATION

REGISTRATION

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<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Martin Lester Rosen</b>		2. Date of Birth (month) <b>June</b> (day) <b>7</b> (year) <b>1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Paris</b>	a. County <b>Bear Lake</b>
				b. City or Town of Birth <b>Paris</b>
<b>FATHER</b>	6. Full Name of Father <b>Alfred Rosen</b>			7. State or Country of Father's Birth <b>Switzerland</b>
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Rosina Hoffman</b>			9. State or Country of Mother's Birth <b>Switzerland</b>
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Martin Lester Rosen</i>	
			11. Present Address of Registrant <b>Soda Springs, Idaho</b>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <b>Nov 30, 1953</b>		12. Signature of Notary <i>Sam C. Links</i>	
			13. Notary Commission expires <b>CLERK DISTRICT COURT</b> <i>Jan 1955</i>	

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1.</b>  Class <u>B</u>	Type of Document <b>Certificate of Baptism</b>	By whom issued and signed <b>L. D. S. CHURCH</b>	Date issued <b>10/16/53</b>	Date Orig. Entry <b>Baptized on Sept. 1, 1906</b>
	Date of Birth <b>June 7, 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother <b>Rosina Hoffman</b>	Name of Father <b>Alfred Rosen</b>
<b>SUPPORTING RECORD 2.</b>  Class <u>B</u>	Type of Document <b>Affidavit by Mother</b>	By whom issued and signed <b>Rosina Hoffman Rosen</b>	Date issued <b>Nov. 30, 1953</b>	Date Orig. Entry
	Date of Birth <b>June 7, 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother	Name of Father
<b>SUPPORTING RECORD 3.</b>  Class <u>B</u>	Type of Document <b>Affidavit</b>	By whom issued and signed <b>Christian Teuller</b>	Date issued <b>Nov. 30, 1953</b>	Date Orig. Entry
	Date of Birth <b>June 7, 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother	Name of Father
<b>QUALIFYING INFORMATION</b>				
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Edna Hamilton</b>	Date Filed <b>Dec. 23, 1953</b>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De54-17  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>LAVOLETTE CARMi HALL</b>				2. Date (month) (day) (year) Of Birth <b>June 21 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth <b>Albion</b>	a. County <b>Cassia</b>	b. City or Town of Birth <b>Albion</b>	
FATHER	6. Full Name of Father <b>George W. Hall</b>				7. State or Country of Father's Birth <b>Vermont</b>	
MOTHER	8. Full Maiden Name of Mother <b>Agnes Bancroft</b>				9. State or Country of Mother's Birth <b>New Hampshire</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lavolette Carmi Hall</i>		11. Present Address of Registrant <b>Oakland, California 4710 Meldon Avenue</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>January 5, 1954</b> 19__			12. Signature of Notary <i>Iva Goodenough</i>		13. Notary Commission expires <b>June 15 1954</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>		Date issued <b>census of 1900</b>
	Date of Birth <b>June 1897</b> 2 yrs	Birth Place <b>Idaho</b>	Full Name of Mother <b>Agnes B. Hall</b>		Name of Father <b>George W. Hall</b>
SUPPORTING RECORD 2.	Type of Document <b>Marriage License</b>		By whom issued and signed <b>State of Calif. County of Alameda</b>		Date issued <b>3-9-21</b>
	Date of Birth <b>23 yrs</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Agnes Bancroft</b>		Name of Father <b>G. W. Hall</b>
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by Brother</b>		By whom issued and signed <b>George Bancroft Hall</b>		Date issued <b>11-30-53</b>
	Date of Birth <b>June 21, 1897, Albion, Idaho</b>	Birth Place	Full Name of Mother <b>Agnes Bancroft</b>		Name of Father <b>George W. Hall</b>

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mark E. Eder</i>	Date Filed <b>1-9-54</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

**JAN 11 1954**

FILE # 8-1087

ЭТОТ ПЛАН В СЕДНЕ

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SECRET

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1. *Pharmaceutical industry* – The pharmaceutical industry is the largest of the three industries, with sales of \$10.5 billion in 1997. It is the only industry that has a significant presence in all three markets. The industry is dominated by a few large firms, with the top five firms accounting for 40% of sales. The industry is highly competitive, with many firms competing for market share. The industry is also highly regulated, with strict rules governing the development and marketing of drugs.

1955年12月1日

SECRET

SECRET

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De54-43  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Willard Lowe Chapman</b>				2. Date (month) (day) (year) Of Birth <b>Nov. 3rd 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth a. County <b>Nez Perce</b>		b. City or Town of Birth <b>Lewiston</b>	
FATHER	6. Full Name of Father <b>John Lowe Chapman</b>				7. State or Country of Father's Birth <b>Wisconsin</b>	
MOTHER	8. Full Maiden Name of Mother <b>Emma Jane Thatcher</b>				9. State or Country of Mother's Birth <b>Oregon Territory</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Willard Lowe Chapman</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 8 1953</i>				11. Present Address of Registrant <b>13182 Wilson Ave. Garden Grove, Calif.</b>	
	12. Signature of Notary <i>Florine L. Ray</i>				13. Notary Commission expires <b>My Commission Expires March 13, 1955</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document <b>Bible Record</b>		By whom issued and signed <b>Family Bible viewed by Elmer M Roise</b>		Date issued	Date Orig. Entry <b>11-3-1897</b>	
	Date of Birth <b>Nov. 3, 1897</b>	Birth Place	Full Name of Mother <b>Emma Jane Thatcher</b>		Name of Father <b>John L. Chapman</b>		
SUPPORTING RECORD 2-	Type of Document <b>Affidavit by brother</b>		By whom issued and signed <b>LeRoy Wesley Chapman</b>		Date issued	Date Orig. Entry <b>Dec. 22, 1952</b>	
	Date of Birth <b>Nov. 3, 1897</b>	Birth Place <b>Lewiston, Idaho</b>	Full Name of Mother <b>Emma Jane Thatcher</b>		Name of Father <b>John Lowe Chapman</b>		
SUPPORTING RECORD 3-	Type of Document <b>Affidavit by mother</b>		By whom issued and signed <b>Emma J. Chapman</b>		Date issued	Date Orig. Entry <b>July 13, 1918</b>	
	Date of Birth <b>Nov. 3, 1897</b>	Birth Place <b>Lewiston, Idaho</b>	Full Name of Mother <b>Emma Jane Chapman</b>		Name of Father		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)							
State Registrar <b>W. W. Benson</b>			Evidence reviewed by <i>Mary K. K.</i>			Date Filed <b>1-20-54</b>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# DECEASED CERTIFICATE OF BIRTH

## STATE OF IOWA

JAN 21 1954

Name of Deceased WILLIAM LOWE CHAPMAN		Date of Birth Nov. 3, 1918		Place of Birth Iowa	
Name of Father JOHN LOWE CHAPMAN		Name of Mother MARY ANN CHAPMAN		Date of Death Nov. 3, 1953	
Name of Deceased WILLIAM LOWE CHAPMAN		Date of Birth Nov. 3, 1918		Place of Birth Iowa	
Name of Father JOHN LOWE CHAPMAN		Name of Mother MARY ANN CHAPMAN		Date of Death Nov. 3, 1953	

I hereby certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the State of Iowa.

\_\_\_\_\_  
 Registrar

JAN 21 1954

**RECEIVED DELAYED CERTIFICATE OF BIRTH**  
**JAN 21 1954**  
**STATE OF IDAHO**

State File No. De 54-46  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

Division of Vital Statistics

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Mildred Jane Wilson</b>				2. Date (month) (day) (year) Of Birth <b>March 29th 1897</b>			
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Ada</b>		b. City or Town of Birth <b>Boise, Idaho</b>			
<b>FATHER</b>	6. Full Name of Father <b>Oliver Perry Wilson</b>				7. State or Country of Father's Birth <b>Illinois</b>			
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Lillie May Chezem</b>				9. State or Country of Mother's Birth <b>Missouri</b>			
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mildred Jane Wilson</i>		11. Present Address of Registrant <b>311 Columbia Coulee Dam, Wash.</b>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <u>January 6<sup>th</sup> 1954</u>				12. Signature of Notary <i>Mildred Jane Wilson</i>		13. Notary Commission expires <u>Oct. 26<sup>th</sup> 1956</u>	

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Bible Record</b>		By whom issued and signed <b>Family Bible</b>		Date issued	Date Orig. Entry <b>3-29-1897</b>
	Date of Birth <b>Mch 29, 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father	
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>		Date issued <b>census of</b>	Date Orig. Entry <b>1920</b>
	Date of Birth <b>22 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Lillie Wilson</b>		Name of Father <b>O. P. Wilson</b>	
<b>SUPPORTING RECORD 3-</b>	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION**  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mildred Jane Wilson</i>	Date Filed <b>1-21-54</b>
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\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH STATE OF TEXAS

Space File No. _____ Local Reg. No. _____ Reg. Dist. No. _____		1. Registrant's Full Name at Birth <b>James Wilson</b>		2. Date of Birth <b>March 1901</b>	
3. Sex <b>Male</b>		4. Color of Skin <b>White</b>		5. Place of Birth <b>Adams</b>	
6. Full Name of Father <b>James Wilson</b>		7. Name of Mother <b>James Wilson</b>		8. Name of County of Father's Birth <b>Adams</b>	
9. Name of County of Mother's Birth <b>Adams</b>		10. Present Address of Registrant <b>111 Columbia Avenue, Wash.</b>		11. Signature of Registrant <b>[Signature]</b>	
12. Signature of Notary <b>[Signature]</b>		13. Notary Commission Expires <b>1902</b>		14. Date Issued <b>1-20-02</b>	
15. Date Issued <b>1-20-02</b>		16. Date Issued <b>1-20-02</b>		17. Date Issued <b>1-20-02</b>	
18. Date Issued <b>1-20-02</b>		19. Date Issued <b>1-20-02</b>		20. Date Issued <b>1-20-02</b>	
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33. Date Issued <b>1-20-02</b>		34. Date Issued <b>1-20-02</b>		35. Date Issued <b>1-20-02</b>	
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39. Date Issued <b>1-20-02</b>		40. Date Issued <b>1-20-02</b>		41. Date Issued <b>1-20-02</b>	
42. Date Issued <b>1-20-02</b>		43. Date Issued <b>1-20-02</b>		44. Date Issued <b>1-20-02</b>	
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48. Date Issued <b>1-20-02</b>		49. Date Issued <b>1-20-02</b>		50. Date Issued <b>1-20-02</b>	
51. Date Issued <b>1-20-02</b>		52. Date Issued <b>1-20-02</b>		53. Date Issued <b>1-20-02</b>	
54. Date Issued <b>1-20-02</b>		55. Date Issued <b>1-20-02</b>		56. Date Issued <b>1-20-02</b>	
57. Date Issued <b>1-20-02</b>		58. Date Issued <b>1-20-02</b>		59. Date Issued <b>1-20-02</b>	
60. Date Issued <b>1-20-02</b>		61. Date Issued <b>1-20-02</b>		62. Date Issued <b>1-20-02</b>	
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66. Date Issued <b>1-20-02</b>		67. Date Issued <b>1-20-02</b>		68. Date Issued <b>1-20-02</b>	
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78. Date Issued <b>1-20-02</b>		79. Date Issued <b>1-20-02</b>		80. Date Issued <b>1-20-02</b>	
81. Date Issued <b>1-20-02</b>		82. Date Issued <b>1-20-02</b>		83. Date Issued <b>1-20-02</b>	
84. Date Issued <b>1-20-02</b>		85. Date Issued <b>1-20-02</b>		86. Date Issued <b>1-20-02</b>	
87. Date Issued <b>1-20-02</b>		88. Date Issued <b>1-20-02</b>		89. Date Issued <b>1-20-02</b>	
90. Date Issued <b>1-20-02</b>		91. Date Issued <b>1-20-02</b>		92. Date Issued <b>1-20-02</b>	
93. Date Issued <b>1-20-02</b>		94. Date Issued <b>1-20-02</b>		95. Date Issued <b>1-20-02</b>	
96. Date Issued <b>1-20-02</b>		97. Date Issued <b>1-20-02</b>		98. Date Issued <b>1-20-02</b>	
99. Date Issued <b>1-20-02</b>		100. Date Issued <b>1-20-02</b>		101. Date Issued <b>1-20-02</b>	
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120. Date Issued <b>1-20-02</b>		121. Date Issued <b>1-20-02</b>		122. Date Issued <b>1-20-02</b>	
123. Date Issued <b>1-20-02</b>		124. Date Issued <b>1-20-02</b>		125. Date Issued <b>1-20-02</b>	
126. Date Issued <b>1-20-02</b>		127. Date Issued <b>1-20-02</b>		128. Date Issued <b>1-20-02</b>	
129. Date Issued <b>1-20-02</b>		130. Date Issued <b>1-20-02</b>		131. Date Issued <b>1-20-02</b>	
132. Date Issued <b>1-20-02</b>		133. Date Issued <b>1-20-02</b>		134. Date Issued <b>1-20-02</b>	
135. Date Issued <b>1-20-02</b>		136. Date Issued <b>1-20-02</b>		137. Date Issued <b>1-20-02</b>	
138. Date Issued <b>1-20-02</b>		139. Date Issued <b>1-20-02</b>		140. Date Issued <b>1-20-02</b>	
141. Date Issued <b>1-20-02</b>		142. Date Issued <b>1-20-02</b>		143. Date Issued <b>1-20-02</b>	
144. Date Issued <b>1-20-02</b>		145. Date Issued <b>1-20-02</b>		146. Date Issued <b>1-20-02</b>	
147. Date Issued <b>1-20-02</b>		148. Date Issued <b>1-20-02</b>		149. Date Issued <b>1-20-02</b>	
150. Date Issued <b>1-20-02</b>		151. Date Issued <b>1-20-02</b>		152. Date Issued <b>1-20-02</b>	
153. Date Issued <b>1-20-02</b>		154. Date Issued <b>1-20-02</b>		155. Date Issued <b>1-20-02</b>	
156. Date Issued <b>1-20-02</b>		157. Date Issued <b>1-20-02</b>		158. Date Issued <b>1-20-02</b>	
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162. Date Issued <b>1-20-02</b>		163. Date Issued <b>1-20-02</b>		164. Date Issued <b>1-20-02</b>	
165. Date Issued <b>1-20-02</b>		166. Date Issued <b>1-20-02</b>		167. Date Issued <b>1-20-02</b>	
168. Date Issued <b>1-20-02</b>		169. Date Issued <b>1-20-02</b>		170. Date Issued <b>1-20-02</b>	
171. Date Issued <b>1-20-02</b>		172. Date Issued <b>1-20-02</b>		173. Date Issued <b>1-20-02</b>	
174. Date Issued <b>1-20-02</b>		175. Date Issued <b>1-20-02</b>		176. Date Issued <b>1-20-02</b>	
177. Date Issued <b>1-20-02</b>		178. Date Issued <b>1-20-02</b>		179. Date Issued <b>1-20-02</b>	
180. Date Issued <b>1-20-02</b>		181. Date Issued <b>1-20-02</b>		182. Date Issued <b>1-20-02</b>	
183. Date Issued <b>1-20-02</b>		184. Date Issued <b>1-20-02</b>		185. Date Issued <b>1-20-02</b>	
186. Date Issued <b>1-20-02</b>		187. Date Issued <b>1-20-02</b>		188. Date Issued <b>1-20-02</b>	
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195. Date Issued <b>1-20-02</b>		196. Date Issued <b>1-20-02</b>		197. Date Issued <b>1-20-02</b>	
198. Date Issued <b>1-20-02</b>		199. Date Issued <b>1-20-02</b>		200. Date Issued <b>1-20-02</b>	



I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this subject and that documentary evidence has been reviewed, which substantiated the facts as set forth in the foregoing certificate.

Notary Registrar  
 J. L. Johnson  
 Date Filed  
 1-20-02

## 254-225-006-443 RECEIVED CERTIFICATE OF BIRTH

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

JAN 25 1954

STATE OF IDAHO

State File No. De54-56

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Clara Margaret Beutler</b>				2. Date (month) (day) (year) Of Birth <b>Jan. 25th, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>female</b>	5. Place of Birth <b>Market Lake,</b>	a. County <b>Bingham</b>	b. City or Town of Birth <b>Market Lake, Bingham County, Idaho.</b>	
FATHER	6. Full Name of Father <b>John Jacob Beutler</b>				7. State or Country of Father's Birth <b>Born in Switzerland, 2/15/60</b>	
MOTHER	8. Full Maiden Name of Mother <b>Anna Müller</b>				9. State or Country of Mother's Birth <b>Born in Switzerland, 11/28/56</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Clara Margaret Beutler (Brooks)</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Jan. 11th 1954</i>				11. Present Address of Registrant <b>1925 SW. Bryant Rd. OSWEGO</b>	
	12. Signature of Notary <i>Wilson H. Scott, Notary Public for Oregon</i>				13. Notary Commission expires <i>Jan. 16th 1955</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>L. D. S. Church</b>		Date Issued <b>Baptized</b>	Date Orig. Entry <b>Jan 6, 1935</b>
	Date of Birth <b>Jan. 25, 1897,</b>	Birth Place <b>Market Lake, Idaho</b>	Full Name of Mother <b>Anna Miller</b>		Name of Father <b>John J. Beutler</b>	
SUPPORTING RECORD 2.	Type of Document <b>Bible Record</b>		By whom issued and signed <b>Family Bible viewed by</b>		Date Issued	Date Orig. Entry <b>Jan. 25, 1897</b>
	Date of Birth <b>Jan. 25, 1897,</b>	Birth Place	Full Name of Mother <b>Wilson H. Scott</b>		Name of Father <b>John Jacob Beutler</b>	
SUPPORTING RECORD 3.	Type of Document <b>Church Records</b>		By whom issued and signed <b>L. D. S. Church, L. Edward Perry, Bishop</b>		Date Issued <b>1-9-54</b>	Date Orig. Entry
	Date of Birth <b>Jan. 25, 1897,</b>	Birth Place <b>Market Lake, Idaho</b>	Full Name of Mother		Name of Father	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
**W. W. Benson**Evidence reviewed by  
*Mary E. Egan*Date Filed  
**1-26-54**

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# CERTIFICATE OF BIRTH

STATE OF MARYLAND

JAN 2 1924

Department of Public Health  
Division of Vital Statistics  
Baltimore, Maryland

Place of Birth

Place of Birth

John A. Goodenough  
of the County of Prince George's

of the County of Prince George's

John A. Goodenough

and to be known as John A. Goodenough

of the County of Prince George's

of the County of Prince George's



Date of Birth

Date of Birth

Date of Birth

Date of Birth

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Date of Birth

Date of Birth

Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Lula Baker</u>			2. Date (month) (day) (year) Of Birth <u>November 30 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Vernon Precinct Fremont</u>	b. City or Town of Birth <u>Lodi Post Office</u>	
FATHER	6. Full Name of Father <u>Wallace Winfield Baker</u>			7. State or Country of Father's Birth <u>Nebraska</u>	
MOTHER	8. Full Maiden Name of Mother <u>Permellia Williams</u>			9. State or Country of Mother's Birth <u>United States</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Lula Baker</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Feb 5 1954</u>			11. Present Address of Registrant <u>3045 Frye Street Oakland 2, California</u>	
				12. Signature of Notary <u>Louis A. Noggin</u>	
				13. Notary Commission expires <u>Sept 22 1954</u>	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church, by Joseph Fielding Smith</u>	Date issued <u>1/30/51</u>	Date Orig. Entry <u>Entered on record Mar. 1, 1908</u>
	Class* <u>B</u>	Date of Birth <u>Nov. 30, 1897</u>	Birth Place <u>Fremont Co. Idaho</u>	Full Name of Mother <u>Permellia Williams</u>	Name of Father <u>Wallace Baker</u>
SUPPORTING RECORD 2.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Bureau of the Census</u>	Date issued <u>11/25/53</u>	Date Orig. Entry <u>Census of June 1, 1900</u>
	Class <u>B</u>	Date of Birth <u>3 yrs old Nov. 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Permellia Baker</u>	Name of Father <u>Wallace Baker</u>
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Maude Cherry</u>	Date issued <u>Sept. 23, 1953</u>	Date Orig. Entry
	Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother <u>Wallace Winfield, Baker</u>	Name of Father
QUALIFYING INFORMATION	Nov. 30, 1897 Lodi, Fremont Co. Permellia Williams				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>		Date Filed <u>Feb. 10, 1954</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# CERTIFICATE OF BIRTH

LEB 10 1951

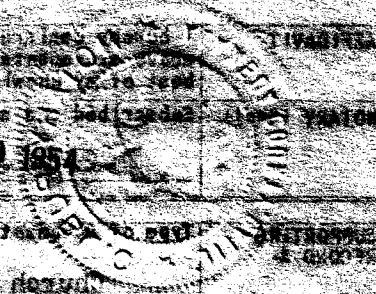
2025 108

<p>1. Name of child at birth</p> <p>2. Date of birth</p> <p>3. Place of birth</p> <p>4. State or County of birth</p> <p>5. Name of father</p> <p>6. Name of mother</p>	<p>7. Sex</p> <p>8. Race</p> <p>9. Color</p> <p>10. Height</p> <p>11. Weight</p> <p>12. Eyes</p> <p>13. Hair</p> <p>14. Skin</p> <p>15. Birthmarks</p>
--	--

<p>16. Signature of Registrar</p> <p>17. Date of registration</p> <p>18. Place of registration</p> <p>19. Name of Registrar</p>	<p>20. Signature of Father</p> <p>21. Date of signature</p> <p>22. Place of signature</p> <p>23. Name of Father</p>
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<p>24. Signature of Mother</p> <p>25. Date of signature</p> <p>26. Place of signature</p> <p>27. Name of Mother</p>	<p>28. Signature of Registrar</p> <p>29. Date of registration</p> <p>30. Place of registration</p> <p>31. Name of Registrar</p>
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<p>32. Signature of Registrar</p> <p>33. Date of registration</p> <p>34. Place of registration</p> <p>35. Name of Registrar</p>	<p>36. Signature of Father</p> <p>37. Date of signature</p> <p>38. Place of signature</p> <p>39. Name of Father</p>
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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. Do 54 116  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Florence May Remer</u>		2. Date (month) (day) (year) Of Birth <u>May 31 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Nez Perce</u>	a. County <u>Lewiston</u>
FATHER	6. Full Name of Father <u>Henry W. Remer</u>		7. State or Country of Father's Birth <u>Wisconsin - U.S.A.</u>	
MOTHER	8. Full Maiden Name of Mother <u>Margaret Geneva Plunkett</u>		9. State or Country of Mother's Birth <u>Indiana - U.S.A.</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <u>Florence May Gjerness</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Jan. 6th 1954</u>		11. Present Address of Registrant <u>918 7th Ave - Lewiston, Idaho.</u>	
			12. Signature of Notary <u>Carl Malmgren</u>	
			13. Notary Commission expires <u>Jan. 17 1955</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE				
SUPPORTING RECORD 1-  Class* <u>A</u>	Type of Document <u>Census Record 51-580</u>		By whom issued and signed <u>Bureau of the Census</u>	
	Date of Birth <u>May 1897</u>	Birth Place <u>Idaho</u>	Date issued <u>5/1/54</u>	
	3 yrs old		Census of <u>June 1, 1900</u>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <u>School enrollment record</u>		By whom issued and signed <u>Independent School Dist. No. 1</u>	
	Date of Birth <u>5 yrs old</u>	Birth Place <u>Lewiston, Idaho</u>	Date issued <u>6/1/53</u>	
			Entered school <u>Sept. 1902</u>	
SUPPORTING RECORD 3-  Class _____	Type of Document		By whom issued and signed	
	Date of Birth	Birth Place	Date issued	
			Date Orig. Entry	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>	
			Date Filed <u>Feb. 11, 1954</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



STATE OF OHIO

FEB 12 1954



NAME	JOHN J. HARRIS
ADDRESS	1234 MAIN ST. COLUMBUS, OHIO
CITY	COLUMBUS
STATE	OHIO
ZIP	43201
DATE	FEB 12 1954
TIME	10:00 AM
PLACE	STATE OF OHIO
REMARKS	...
SIGNATURE	...
OFFICIAL	...

# 245-124-004-235 RECEIVED CERTIFICATE OF BIRTH

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

FEB 8 - 1954

STATE OF IDAHO

State File No. Da54 130

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>John Verdi Bunn</b>			2. Date of Birth (month) (day) (year) <b>June 24 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth a. County <b>Idaho Bear Lake</b>	b. City or Town of Birth <b>Lanark</b>		
FATHER	6. Full Name of Father <b>John A. Bunn</b>			7. State or Country of Father's Birth <b>Utah</b>		
MOTHER	8. Full Maiden Name of Mother <b>Mary Francis Sleight</b>			9. State or Country of Mother's Birth <b>Idaho</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>John Verdi Bunn</i>		11. Present Address of Registrant <b>Paris, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>February 6, 19 54</b>			12. Signature of Notary <i>Edna Price</i>		13. Notary Commission expires <b>Oct. 1, 19 54</b>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class <u>B</u>	Type of Document <b>Church record of birth</b>		By whom issued and signed <b>Fielding Smith</b>	Date issued <b>Jan. 13, 1954</b>	Date Orig. Entry <b>June 24, 1907</b>
	Date of Birth <b>June 24, 1897</b>	Birth Place <b>Lanark, Idaho</b>	Full Name of Mother <b>Mary F. Sleight</b>	Name of Father <b>John A. Bunn</b>	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document <b>Church record of Baptism</b>		By whom issued and signed <b>L.D.S. Church, by Weldon E. Grandy.</b>	Date issued <b>12/10/53</b>	Date Orig. Entry <b>Baptized on June 24, 1907</b>
	Date of Birth <b>June 24, 1897</b>	Birth Place <b>Lanark, Idaho</b>	Full Name of Mother <b>Frances Sleight</b>	Name of Father <b>John A. Bunn</b>	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <b>Affidavit</b>		By whom issued and signed <b>Edwin T. Shepherd</b>	Date issued <b>Feb. 13, 1954</b>	Date Orig. Entry
	Date of Birth <b>June 24, 1897</b>	Birth Place <b>Lanark, Idaho</b>	Full Name of Mother <b>Mary Francis Bunn</b>	Name of Father <b>John A. Bunn</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Edna Hamilton</b>	Date Filed <b>Feb. 16, 1954</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 19 1954

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DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De54-235  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Charles Alfred Hymas</u>				2. Date (month) (day) (year) Of Birth <u>March</u> <u>19</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>male</u>	5. Place of Birth a. County <u>Bear Lake County</u>		b. City or Town of Birth <u>Liberty Idaho</u>		
FATHER	6. Full Name of Father <u>Alfred Cyrus Hymas</u>				7. State or Country of Father's Birth <u>Bear Lake County Idaho</u>		
MOTHER	8. Full Maiden Name of Mother <u>Mary Ann Lyon</u>				9. State or Country of Mother's Birth <u>Cache County Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Charles Alfred Hymas</u>		11. Present Address of Registrant <u>B.F.D. Tooele Utah</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 25</u> <u>1954</u>				12. Signature of Notary <u>Keith Steedman</u>		13. Notary Commission expires <u>Aug: 17</u> <u>1957</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>Baptized</u>	Date Orig. Entry <u>June 18, 1905</u>	
	Date of Birth <u>Mch 19, 1897</u>	Birth Place <u>Liberty, Idaho</u>	Full Name of Mother		Name of Father		
SUPPORTING RECORD 2-	Type of Document <u>Certificate of Ordination</u>		By whom issued and signed <u>to the office of Deacon</u>		Date issued <u>6-18-1905</u>	Date Orig. Entry	
	Date of Birth <u>Mch. 19, 1897</u>	Birth Place <u>Liberty, Idaho</u>	Full Name of Mother <u>Mary A. Lyons</u>		Name of Father <u>Alfred C. Hymas</u>		
SUPPORTING RECORD 3-	Type of Document <u>Certificate of Ordination</u>		By whom issued and signed <u>to the office of Teacher</u>		Date issued <u>June 18, 1905</u>	Date Orig. Entry	
	Date of Birth <u>Mch 19, 1897</u>	Birth Place <u>Liberty</u>	Full Name of Mother <u>Mary A. Lyons</u>		Name of Father <u>Alfred C. Hymas</u>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mark E. Edgar</u>			Date Filed <u>Mch 29, 1954</u>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



APR 2-1954

Division of Vital Statistics

RECEIVED  
STATE OF IDAHO  
CERTIFICATE OF BIRTH

State File No. De54 261  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Vane Laurence</u>				2. Date (month) (day) (year) Of Birth <u>January - 27, 1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>Idaho</u>		6. City or Town of Birth <u>Whitney</u>		
FATHER	6. Full Name of Father <u>Elisha Randolph Laurence</u>				7. State or Country of Father's Birth <u>Alabama</u>		
MOTHER	8. Full Maiden Name of Mother <u>Mary Jane Walls</u>				9. State or Country of Mother's Birth <u>Alabama</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Vane Laurence</u>		11. Present Address of Registrant <u>700 - 7th Ave. Redwood City, Calif.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 29th 1954</u>		12. Signature of Notary <u>Nellie O. Paget</u>		13. Notary Commission expires <u>May 21, 1955</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <u>membership</u>		By whom issued and signed <u>Joseph Fielding Smith</u>		Date issued <u>3/15/54</u>	Date Orig. Entry Entered on Record <u>April 4, 1897</u>	
	Church record of birth and/ Date of Birth <u>Jan. 27, 1897</u> Birth Place <u>Whitney, Idaho</u>		Full Name of Mother <u>Mary Jane Walls</u>		Name of Father <u>Elisha Randolph Laurence</u>		
SUPPORTING RECORD 2.	Type of Document <u>Letter re Insurance Policy No. L-30270</u>		By whom issued and signed <u>Washington National Insur. Co.</u>		Date issued <u>3/3/54</u>	Date Orig. Entry Policy dated <u>Nov. 14, 1933</u>	
	Date of Birth <u>Jan. 27, 1897</u> Birth Place <u>Whitney, Idaho</u>		Full Name of Mother <u>Mary Jane Walls</u>		Name of Father <u>Elisha Randolph Laurence</u>		
SUPPORTING RECORD 3.	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Department of Public Health</u>		Date issued <u>Filed on 11/18/18</u>	Date Orig. Entry Child born on <u>Nov. 14, 1918</u>	
	Date of Birth <u>21 yrs old</u> Birth Place <u>Idaho</u>		Full Name of Mother <u>Mary Jane Walls</u>		Name of Father <u>Elisha Randolph Laurence</u>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>			Date Filed <u>April 2, 1954</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De54-324  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Kathleen Blair</b>				2. Date of Birth October 13 1897	
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho	a. County Fremont	b. City or Town of Birth Haden	
FATHER	6. Full Name of Father John Joseph Blair				7. State or Country of Father's Birth Utah	
MOTHER	8. Full Maiden Name of Mother Kathleen Keyes				9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Kathleen Blair</i>		11. Present Address of Registrant 409 1/2 East Park Anacosta, Mont
NOTARY (Seal)	Subscribed and sworn to before me on Nov. 3 1953			12. Signature of Notary <i>Maurice Puffer</i>		13. Notary Commission expires April 25 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class <u>B</u>	Type of Document Affidavit by brother		By whom issued and signed K. M. Blair	Date issued Apr. 14, 1954	Date Orig. Entry
	Date of Birth Oct. 13, 1897	Birth Place Haden, Idaho	Full Name of Mother Kathleen Keyes Blair	Name of Father John Joseph Blair	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document Child's birth certificate		By whom issued and signed Bureau of Vital Statistics Boise, Idaho #133338	Date issued July 14, 1925	Date Orig. Entry
	Date of Birth 27 yrs old	Birth Place Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document Affidavit		By whom issued and signed D. P. Letham	Date issued Oct. 2, 1953	Date Orig. Entry
	Date of Birth Oct. 13, 1897	Birth Place Haden, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Maurice Puffer</i>	Date Filed Apr. 21, 1954	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



APR 23 1954



[The body of the document contains several paragraphs of text that are extremely faint and mostly illegible due to the quality of the scan. Some fragments of text are visible, such as "The following information was obtained from a review of the records of the Department of Defense" and "The results of the investigation are as follows:", but the specific details are not discernible.]

DECLARATION OF BIRTH  
STATE OF IDAHO

State File No. De54-334  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Harriet Stephanie Dougherty</b>				2. Date (month) (day) (year) Of Birth <b>September 10 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth <b>Mullan, Idaho</b>		a. County <b>Shoshone</b>	
FATHER	6. Full Name of Father <b>Richard Joseph Dougherty</b>				7. State or Country of Father's Birth <b>Perth, Ontario, Canada</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Gertrude Hilger</b>				9. State or Country of Mother's Birth <b>Henderson, Minnesota</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Harriet Stephanie Dougherty</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>April 21 1954</b>				11. Present Address of Registrant <b>2255 Lake St. San Francisco</b>	
	12. Signature of Notary <i>Margaret O. Lockett</i> NOTARY PUBLIC				13. Notary Commission expires <b>1-4 1957</b>	

SUPPORTING RECORD 1.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>Roman Catholic Church Rev. F. A. Becker</b>		Date issued <b>Baptized</b>	Date Orig. Entry <b>Sept. 19, 1897</b>
	Date of Birth <b>Sept. 10, 1897</b>	Birth Place <b>Mullan, Idaho</b>	Full Name of Mother <b>Mary G. Hilger</b>		Name of Father <b>Joseph Dougherty</b>	
SUPPORTING RECORD 2.	Type of Document <b>Application for Insurance</b>		By whom issued and signed <b>Metropolitan Life Insurance</b>		Date issued <b>July 30, 1923</b>	Date Orig. Entry
	Date of Birth <b>Sept. 10, 1897</b>	Birth Place <b>Mullen, Idaho</b>	Full Name of Mother Co.		Name of Father	
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by sister</b>		By whom issued and signed <b>Marguerite A. Dougherty</b>		Date issued <b>July 6, 1953</b>	Date Orig. Entry
	Date of Birth <b>Sept. 10, 1897</b>	Birth Place <b>Mullan, Idaho</b>	Full Name of Mother <b>Mary Gertrude Hilger</b>		Name of Father <b>Richard Joseph Dougherty</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Walter F. Edna</i>	Date Filed <b>Apr. 26, 1954</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 7 years old.

# DECLARED STATE OF BANKRUPTCY

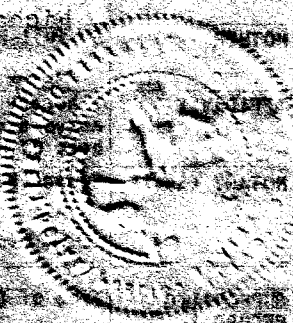
U.S. District Court  
Southern District of New York

Case No. 100-10000  
In re: [Name]  
Debtor

Chapter 11, Title 11, U.S.C.  
Debtor's Name: [Name]  
Address: [Address]  
City: [City] State: [State] Zip: [Zip]  
Date of Filing: [Date]

Signature of Debtor: [Signature]  
Signature of Attorney: [Signature]  
Date: [Date]

APR 26 1954



Filed for the Court: [Date]  
Clerk of Court: [Name]

Chapter 11, Title 11, U.S.C.  
Debtor's Name: [Name]  
Address: [Address]  
City: [City] State: [State] Zip: [Zip]  
Date of Filing: [Date]

Chapter 11, Title 11, U.S.C.  
Debtor's Name: [Name]  
Address: [Address]  
City: [City] State: [State] Zip: [Zip]  
Date of Filing: [Date]

Division of Vital Statistics

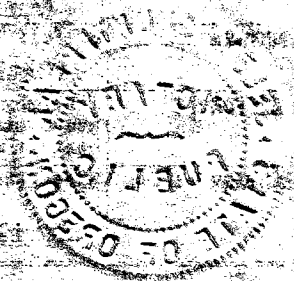
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Gladys Sophia Borgen			2. Date (month) (day) (year) July 10th 1897	
	3. Color or Race White	4. Sex F	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth Moscow
FATHER	6. Full Name of Father Amund Borgen			7. State or Country of Father's Birth Norway	
MOTHER	8. Full Maiden Name of Mother (Cathrine Borgen) Cathrine Olson			9. State or Country of Mother's Birth Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Gladys S. Hoffman</i>	
NOTARY (Seal)	Subscribed and sworn to before me on April 23rd, 1954			11. Present Address of Registrant Portland 9, Oregon 2060 N. W. Lovejoy St., 12. Signature of Notary <i>Selby Shusterman</i> 13. Notary Commission expires July 23, 1954 19	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* A	Type of Document Census of 1900	By whom issued and signed Bureau of the Census, Wash. D. C. Robert W. Burgess, Director	Date issued Mar. 27, 1954	Date Orig. Entry June 1, 1900
	Date of Birth Birth Place July 10, 1897 Moscow, Idaho	Full Name of Mother Cathrine Olson Borgen	Name of Father Amund Borgen	
SUPPORTING RECORD 2-  Class B	Type of Document School Record	By whom issued and signed Bessie Babcock, Co. Aud. & Rec. Rose Blanchard, Deputy.	Date issued 3/1/54	Date Orig. Entry 1912
	Date of Birth Birth Place July 10, '97 Moscow, Idaho	Full Name of Mother Cathrine Olson Borgen <del>Amund Borgen</del>	Name of Father Amund Borgen	
SUPPORTING RECORD 3-  Class B	Type of Document School Record	By whom issued and signed Sup't of Schools, Moscow, Idaho	Date issued year of	Date Orig. Entry 1912
	Date of Birth Birth Place 15 yrs old Moscow, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar W. W. Benson	Evidence reviewed by <i>W. W. Benson</i>	Date Filed Apr. 29, 1954	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 30 1958



APR 30 1958

APR 30 1958

APR 30 1958

APR 30 1958

APR 30 1958

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De54-403  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Lacey James Hollister</b>			2. Date (month) (day) (year) Of Birth <b>February 11, 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth a. County <b>Kootenai</b>	b. City or Town of Birth <b>Chilco</b>	
FATHER	6. Full Name of Father <b>Ernest Moore Hollister</b>			7. State or Country of Father's Birth <b>Clay County, Iowa</b>	
MOTHER	8. Full Maiden Name of Mother <b>Eunice Ann Clark</b>			9. State or Country of Mother's Birth <b>Missouri</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lacey James Hollister</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>June 13, 1950</b>			11. Present Address of Registrant <b>Vulcan, Alberta, Canada</b>	
	12. Signature of Notary <i>H. C. Cornell</i>			13. Notary Commission expires <b>June 10, 1954</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>War Service Record</b>		By whom issued and signed <b>H. M. Jackson Department of Veterans Affairs</b>	Date issued <b>11/12/51</b>	Date Orig. Entry
	Date of Birth <b>Feb. 11, 1897</b>	Birth Place	Full Name of Mother	Name of Father <b>Ernest Hollister</b>	
Class* <u>B</u>					
SUPPORTING RECORD 2.	Type of Document <b>Certificate of Marriage</b>		By whom issued and signed <b>Donald MacKie, Deputy Reg. General</b>	Date issued <b>6/27/1945</b>	Date Orig. Entry <b>6/27/1945</b>
	Date of Birth <b>48 yrs. of</b>	Birth Place <b>age Chilco, Ida.</b>	Full Name of Mother <b>Eunice Clark</b>	Name of Father <b>Ernest Moore Hollister</b>	
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document <b>Affidavit</b>		By whom issued and signed <b>Milo M. Hollister, uncle Hannah Isabell Hollister, aunt</b>	Date issued <b>6/13/1950</b>	Date Orig. Entry
	Date of Birth <b>2/11/1897</b>	Birth Place <b>Chilco, Idaho</b>	Full Name of Mother <b>Eunice Ann Clark</b>	Name of Father <b>Ernest Moore Hollister</b>	
Class <u>B</u>					

### QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Opal Peterson</b>	Date Filed <b>May 20, 1954</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH  
State of Ohio

MAY 1 20 1954



State of Ohio  
Department of Health  
Office of the Registrar  
Columbus, Ohio

RECEIVED  
MAY 1 20 1954  
OFFICE OF THE REGISTRAR  
STATE OF OHIO

NAME	DATE OF BIRTH	PLACE OF BIRTH	SEX	AGE	EDUCATION	RELIGION	INDUSTRY	STATUS
John Doe	1925	Columbus, Ohio	Male	29	High School	Catholic	Teacher	Married
Jane Doe	1925	Columbus, Ohio	Female	29	High School	Catholic	Teacher	Married
Robert Doe	1925	Columbus, Ohio	Male	29	High School	Catholic	Teacher	Married
Elizabeth Doe	1925	Columbus, Ohio	Female	29	High School	Catholic	Teacher	Married
William Doe	1925	Columbus, Ohio	Male	29	High School	Catholic	Teacher	Married
Mary Doe	1925	Columbus, Ohio	Female	29	High School	Catholic	Teacher	Married
Charles Doe	1925	Columbus, Ohio	Male	29	High School	Catholic	Teacher	Married
Patricia Doe	1925	Columbus, Ohio	Female	29	High School	Catholic	Teacher	Married
Richard Doe	1925	Columbus, Ohio	Male	29	High School	Catholic	Teacher	Married
Susan Doe	1925	Columbus, Ohio	Female	29	High School	Catholic	Teacher	Married

STATE OF OHIO  
DEPARTMENT OF HEALTH  
OFFICE OF THE REGISTRAR  
COLUMBUS, OHIO

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De54-519  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Burton William Gifford</u>				2. Date of Birth (month) (day) (year) <u>May 29, 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Nez Perce</u>	b. City or Town of Birth <u>Gifford</u>	
FATHER	6. Full Name of Father <u>Seth Gifford</u>				7. State or Country of Father's Birth <u>Ohio</u>	
MOTHER	8. Full Maiden Name of Mother <u>Cannie Dacy Crewdson</u>				9. State or Country of Mother's Birth <u>Iowa</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Burton William Gifford</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 19 1954</u>				11. Present Address of Registrant <u>518-914th Corvallis, Ore</u>	
	12. Signature of Notary <u>Anne J. Gaudet</u>				13. Notary Commission expires <u>April 29 1956</u>	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class <u>A</u>	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Bible viewed by Leslie T. McCarthy, Notary Public</u>		Date issued <u>May 26, 1954</u>	Date Orig. Entry
	Date of Birth <u>May 29, 1897</u>	Birth Place	Full Name of Mother		Name of Father <u>Seth Gifford</u>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Cannie D. Jarrett</u>		Date issued <u>May 26, 1954</u>	Date Orig. Entry
	Date of Birth <u>May 29, 1897</u>	Birth Place <u>Gifford, Idaho</u>	Full Name of Mother <u>Cannie D. Crewdson</u>		Name of Father <u>Seth Gifford</u>	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <u>Affidavit by sister</u>		By whom issued and signed <u>Lucy C. Chasteen</u>		Date issued <u>May 26, 1954</u>	Date Orig. Entry
	Date of Birth <u>May 29, 1897</u>	Birth Place <u>Gifford, Idaho</u>	Full Name of Mother <u>Cannie Dacy Crewdson</u>		Name of Father <u>Seth Gifford</u>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mildred E. Gaudet</u>			Date Filed <u>June 21, 1954</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



HT918 40 314311 HT943 03YA130  
0000 70 31432

12-11-68

1-11-68

State of New York  
County of Albany

In SENATE,  
January 10, 1917.

REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE.  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
MAY 18, 1916.

ALBANY:  
J.B. LIPPINCOTT COMPANY, PRINTERS.  
1917.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-16-2009 BY 60322 UCBAW

1. The first of these is the fact that the  
2. The second is the fact that the  
3. The third is the fact that the  
4. The fourth is the fact that the  
5. The fifth is the fact that the  
6. The sixth is the fact that the  
7. The seventh is the fact that the  
8. The eighth is the fact that the  
9. The ninth is the fact that the  
10. The tenth is the fact that the

17. Notes: Commission Report  
18. Present Address of Applicant

[illegible]

1. The first part of the document is a letter from the President of the United States to the Congress, dated July 4, 1776. It is a declaration of independence from Great Britain. The letter is written in a formal, legalistic style, and it is signed by John Adams, the first Vice President of the United States. The letter is a key document in the history of the United States, as it is the first official statement of the new nation's independence.

Home of Ralph  
May 1968

Date Recd  
Date Recd

10-10-1944

[illegible]

1947-48

Beagle has been! and 10  
35 Feb. 11 11:30 AM

**TRIPLES**

~~CONFIDENTIAL~~

forwarded to the  
Lepidoptera Division, U.S. National Museum, Washington, D.C.

RECORD 2  
SERIAL 100  
CLASS B  
JUL 2 1971  
TYPE 1

[illegible]

SECRET

DATE OF BIRTH: 1914  
CLASS: 1  
MAY 20, 1914

DATE FILED  
JUNE 21 1952

Exhibits received by

[illegible]

SECRET

**RECEIVED**  
**JUL 6 - 1954**

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. De 54-572  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>PORTER SPAULDING PRIDE</b>			2. Date (month) (day) (year) Of Birth <b>October 27 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth <b>4 mi. West Boise</b>	a. County <b>Ada</b>	b. City or Town of Birth <b>Born at home</b>
<b>FATHER</b>	6. Full Name of Father <b>ALLEN WINSLOW PRIDE</b>			7. State or Country of Father's Birth <b>Portland Maine</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>MARCELIA SPAULDING</b>			9. State or Country of Mother's Birth <b>Eau Claire Wisconsin</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>P. S. Pride</i>	11. Present Address of Registrant <b>Kuna, Idaho.</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>June 22 - 1954</i>			12. Signature of Notary <i>Lloyd Robinson</i>	13. Notary Commission expires <i>Dec 15<sup>th</sup> 1956</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Child's birth certificate</b>		By whom issued and signed <b>Bureau of Vital Statistics Boise, Idaho #103715</b>		Date issued <b>July 24, 1922</b>
	Date of Birth <b>24 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Montana Life Insurance Co.</b>		Date issued <b>Oct 1, 1928</b>
	Date of Birth <b>Oct. 27, 1897</b>	Birth Place	Full Name of Mother		Name of Father
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Affidavit by Aunt</b>		By whom issued and signed <b>Laura Spaulding</b>		Date issued <b>June 22, 1954</b>
	Date of Birth <b>Oct. 27, 1897</b>	Birth Place <b>Ada County, Idaho</b>	Full Name of Mother		Name of Father

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mabel Fredson</i>	Date Filed <b>July 6, 1954</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 54-578  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Cara L. Rodgers</u>				2. Date Of Birth (month) (day) (year) <u>July 9, 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Ada</u>	b. City or Town of Birth <u>Boise</u>	
FATHER	6. Full Name of Father <u>James Jacob Rodgers</u>				7. State or Country of Father's Birth <u>Illinois</u>	
MOTHER	8. Full Maiden Name of Mother <u>Melsena Pritchett</u>				9. State or Country of Mother's Birth <u>Missouri</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Cara L. Winkelman</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 7, 1954</u> 19____				11. Present Address of Registrant <u>505 scenic Dr. Oakland</u>	
	12. Signature of Notary <u>Melvin E. Edger</u>				13. Notary Commission expires <u>May 7, 1957</u> 19____	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>		Date issued <u>July 9, 1897</u>
	Date of Birth <u>July 9, 1897</u>	Birth Place	Full Name of Mother <u>M. S. Rogers</u>		Name of Father <u>James J. Rodgers</u>
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by brother</u>		By whom issued and signed <u>Charles C. Rodgers</u>		Date issued <u>7-7-54</u>
	Date of Birth <u>July 9, 1897</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>Melsena Pritchett</u>		Name of Father <u>James J. Rodgers</u>
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Melvin E. Edger</u>		Date Filed <u>7-7-54</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



Boise, Idaho  
July 7, 1954

I, Charles C. Rodgers, do hereby certify I am a brother of Cara L. Rodgers, that I am twelve years older and remember the birth of my sister, born July 9, 1897, Boise, Idaho, father's name, James Jacob Rodgers, mother, Melsena Pritchett.

*Charles C. Rodgers*  
.....

Subscribed and sworn to before me this 7th day of July, 1954.

*Mark E. Freden*  
.....

Notary Public

JUL 8 - 1954

Boise, Idaho  
July 7, 1931

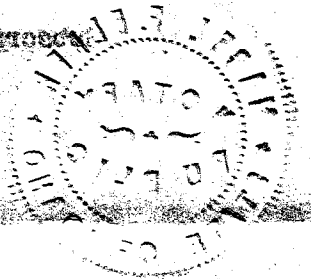
I, Charles C. Rogers, do hereby certify I am a brother of Carl L. Rogers,  
that I am twelve years older and remember the birth of my sister, born  
July 8, 1891, Boise, Idaho, father's name, James Jacob Rogers, mother,  
Melissa Pritchett.

.....  
Charles C. Rogers

Subscribed and sworn to before me this 7th day of July, 1931.

.....  
[Signature]

Notary Public



100-8-100

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De54-595  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Sarah Pauline Hansen</u>					2. Date (month) (day) (year) Of Birth <u>June</u> , <u>23</u> , <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Salem, Fremont</u>	a. County	b. City or Town of Birth <u>Salem, Idaho</u>			
FATHER	6. Full Name of Father <u>Rasmus Peder Hansen</u>					7. State or Country of Father's Birth <u>Den mark</u>		
MOTHER	8. Full Maiden Name of Mother <u>Laura Cathrine Christensen</u>					9. State or Country of Mother's Birth <u>Den mark</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Mrs. Sarah Davis</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>JUNE 30TH</u> , <u>1954</u>					11. Present Address of Registrant <u>744 So. H. Temple Salt Lake City, Utah</u>		
						12. Signature of Notary <u>Jack L. Hamilton</u>		
						13. Notary Commission expires <u>DEC 20, 1954</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document <u>Church Certificate of Birth</u>			By whom issued and signed <u>Joseph F. Smith</u> <u>L.D.S. 29th Ward, Salt Lake</u>		Date issued <u>6/7/1954</u>	Date Orig. Entry <u>9/7/1903</u>
	Class* <u>B</u>	Date of Birth <u>6/23/1897</u>	Birth Place <u>Salem, Idaho</u>	Full Name of Mother <u>Laura C. Christensen</u>		Name of Father <u>Rasmus P. Hansen</u>	
SUPPORTING RECORD 2-	Type of Document <u>Church Record</u>			By whom issued and signed <u>G. Bohi, Clerk, L.D.S. Church</u> <u>Salem, Idaho</u>		Date issued <u>7/11/1897</u>	Date Orig. Entry <u>7/11/1897</u>
	Class <u>A</u>	Date of Birth <u>6/23/1897</u>	Birth Place <u>Salem, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document <u>Affidavit by Aunt</u>			By whom issued and signed <u>Mrs. Charles C. Fuller</u>		Date issued <u>5/25/1954</u>	Date Orig. Entry
	Class <u>B</u>	Date of Birth <u>6/23/1897</u>	Birth Place <u>Salem, Idaho</u>	Full Name of Mother <u>Laura C. Hansen</u>		Name of Father <u>Rasmus Peder Hansen</u>	
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <u>W. W. Benson</u>			Evidence reviewed by <u>Opal Peterson</u>			Date Filed <u>July 14, 1954</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# DELAID CERTIFICATE OF BIRTH STATE OF OHIO

JUL 15 1954

1. Name of Child		2. Sex		3. Date of Birth		4. Place of Birth		5. County of Birth		6. State of Birth	
7. Name of Father		8. Name of Mother		9. State of County of Mother's Birth		10. State of County of Father's Birth		11. Present Address of Registrant		12. Signature of Notary	
<p>13. Signature of Notary</p> <p>14. Signature of Notary</p>											

15. Date of Document		16. Date of Birth		17. Place of Birth		18. County of Birth		19. State of Birth		20. Name of Father		21. Name of Mother		22. Date of Birth		23. Place of Birth		24. County of Birth		25. State of Birth		26. Name of Father		27. Name of Mother		28. Date of Birth		29. Place of Birth		30. County of Birth		31. State of Birth			
32. Name of Father		33. Name of Mother		34. Date of Birth		35. Place of Birth		36. County of Birth		37. State of Birth		38. Name of Father		39. Name of Mother		40. Date of Birth		41. Place of Birth		42. County of Birth		43. State of Birth		44. Name of Father		45. Name of Mother		46. Date of Birth		47. Place of Birth		48. County of Birth		49. State of Birth	

50. Date of Document		51. Date of Birth		52. Place of Birth		53. County of Birth		54. State of Birth		55. Name of Father		56. Name of Mother		57. Date of Birth		58. Place of Birth		59. County of Birth		60. State of Birth		61. Name of Father		62. Name of Mother		63. Date of Birth		64. Place of Birth		65. County of Birth		66. State of Birth			
67. Name of Father		68. Name of Mother		69. Date of Birth		70. Place of Birth		71. County of Birth		72. State of Birth		73. Name of Father		74. Name of Mother		75. Date of Birth		76. Place of Birth		77. County of Birth		78. State of Birth		79. Name of Father		80. Name of Mother		81. Date of Birth		82. Place of Birth		83. County of Birth		84. State of Birth	

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Margaret Lela Jenkins				2. Date of Birth June 7 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth Idaho	a. County Bingham	b. City or Town of Birth Blackfoot	
FATHER	6. Full Name of Father Charles Vernon Jenkins				7. State or Country of Father's Birth Illinois	
MOTHER	8. Full Maiden Name of Mother Margaret Mable Herman				9. State or Country of Mother's Birth Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Margaret L. Jenkins</i>	
NOTARY (Seal)	Subscribed and sworn to before me on May 31 1954				11. Present Address of Registrant 385 Gould St., Reno, Nev.	
	12. Signature of Notary <i>John W. Barnett</i>				13. Notary Commission expires June 29 1954	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1	Type of Document Affidavit by Aunt		By whom issued and signed Lela Herman Mays		Date issued May 18, 1954
	Date of Birth June 7, 1897	Birth Place Blackfoot, Idaho	Full Name of Mother Margaret Mable Herman		Name of Father Charles V. Jenkins
SUPPORTING RECORD 2	Type of Document Affidavit by Uncle		By whom issued and signed C. Henry Herman		Date issued May 20, 1954
	Date of Birth June 7, 1897	Birth Place Blackfoot, Idaho	Full Name of Mother Margaret Lela Jenkins		Name of Father Charles V. Jenkins
SUPPORTING RECORD 3	Type of Document Child's Birth Certificate		By whom issued and signed State of California		Date issued Apr. 24, 1918
	Date of Birth 20 yrs old	Birth Place Idaho	Full Name of Mother		Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
W. W. Benson

Evidence reviewed by  
*Mary P. Benson*

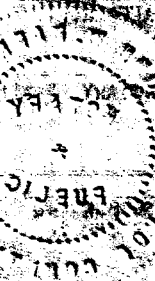
Date Filed  
July 15, 1954

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUL 15 1954

FATHER

MOTHER

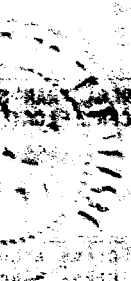


RECORD 3

EXHIBIT NO. 2

Class

EXHIBIT NO. 2



Form with various fields and stamps, including a large handwritten signature across the center.

Fields include:

- NAME (Last, First, Middle)
- DATE OF BIRTH
- PLACE OF BIRTH
- STATE OF BIRTH
- DATE OF DEATH
- PLACE OF DEATH
- STATE OF DEATH
- DATE OF INTERVIEW
- PLACE OF INTERVIEW
- STATE OF INTERVIEW
- DATE OF ARREST
- PLACE OF ARREST
- STATE OF ARREST
- DATE OF RELEASE
- PLACE OF RELEASE
- STATE OF RELEASE
- DATE OF REENTRY
- PLACE OF REENTRY
- STATE OF REENTRY
- DATE OF DEPORTATION
- PLACE OF DEPORTATION
- STATE OF DEPORTATION
- DATE OF REENTRY
- PLACE OF REENTRY
- STATE OF REENTRY

Stamps include:

- RECORD 3
- EXHIBIT NO. 2
- Class
- EXHIBIT NO. 2

Large handwritten signature across the center of the form.

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De54-617  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Doris Ella Herington</u>				2. Date (month) (day) (year) Of Birth <u>December 8 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Latah</u>	a. County	b. City or Town of Birth <u>Moscow Idaho</u>	
FATHER	6. Full Name of Father <u>Samuel Ormando Herington</u>				7. State or Country of Father's Birth <u>Michigan</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mattie Capitola Babcock</u>				9. State or Country of Mother's Birth <u>California</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Doris Ella Pyper</u>		11. Present Address of Registrant <u>Boise, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 25 1954</u>			12. Signature of Notary <u>Kenneth J. Skinner</u>		13. Notary Commission expires <u>May 17 1955</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Mother</u>	Date issued <u>12/15/1897</u>	Date Orig. Entry <u>12/15/1897</u>
	Date of Birth <u>12/8/1897</u>	Birth Place	Full Name of Mother	Name of Father	
Class* <u>A</u>					
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by Sister</u>		By whom issued and signed <u>Flora Herington Town</u>	Date issued <u>7/20/1954</u>	Date Orig. Entry
	Date of Birth <u>12/8/1897</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother <u>Mattie Capitola Babcock</u>	Name of Father <u>Samuel Ormando Herington</u>	
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document <u>U.S.A.F. War Department Identification Card</u>		By whom issued and signed <u>Captain Cameron</u>	Date issued <u>9/28/1944</u>	Date Orig. Entry <u>9/28/1944</u>
	Date of Birth <u>12/8/1897</u>	Birth Place	Full Name of Mother	Name of Father	
Class <u>B</u>					

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Opal Peterson</u>	Date Filed <u>July 20, 1954</u>

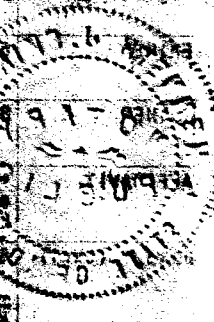
\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DELAID CERTIFICATE OF BIRTH

STATE OF TEXAS

Division of Vital Statistics  
 1501 E. 17th St.  
 Austin, Texas 78702

1. Registrant's full name at birth <i>James Earl Ray</i>		2. Date of birth <i>May 19, 1928</i>	
3. Sex <i>Male</i>		4. Place of birth <i>Memphis, Tennessee</i>	
5. Name of mother <i>Frances Louise Ray</i>		6. State of County of father's birth <i>Tennessee</i>	
7. Name of mother <i>Frances Louise Ray</i>		8. State of County of mother's birth <i>Tennessee</i>	
9. Address of registrant <i>1111 17th St. Austin, Texas</i>		10. Address of mother <i>1111 17th St. Austin, Texas</i>	
11. Signature of mother <i>Frances Louise Ray</i>		12. Signature of mother <i>Frances Louise Ray</i>	
13. Signature of mother <i>Frances Louise Ray</i>		14. Signature of mother <i>Frances Louise Ray</i>	



1. Name of mother <i>Frances Louise Ray</i>		2. Date of birth <i>May 19, 1928</i>	
3. Address of mother <i>1111 17th St. Austin, Texas</i>		4. Address of mother <i>1111 17th St. Austin, Texas</i>	
5. Address of mother <i>1111 17th St. Austin, Texas</i>		6. Address of mother <i>1111 17th St. Austin, Texas</i>	
7. Address of mother <i>1111 17th St. Austin, Texas</i>		8. Address of mother <i>1111 17th St. Austin, Texas</i>	
9. Address of mother <i>1111 17th St. Austin, Texas</i>		10. Address of mother <i>1111 17th St. Austin, Texas</i>	
11. Address of mother <i>1111 17th St. Austin, Texas</i>		12. Address of mother <i>1111 17th St. Austin, Texas</i>	
13. Address of mother <i>1111 17th St. Austin, Texas</i>		14. Address of mother <i>1111 17th St. Austin, Texas</i>	



1. Name of mother <i>Frances Louise Ray</i>		2. Date of birth <i>May 19, 1928</i>	
3. Address of mother <i>1111 17th St. Austin, Texas</i>		4. Address of mother <i>1111 17th St. Austin, Texas</i>	
5. Address of mother <i>1111 17th St. Austin, Texas</i>		6. Address of mother <i>1111 17th St. Austin, Texas</i>	
7. Address of mother <i>1111 17th St. Austin, Texas</i>		8. Address of mother <i>1111 17th St. Austin, Texas</i>	
9. Address of mother <i>1111 17th St. Austin, Texas</i>		10. Address of mother <i>1111 17th St. Austin, Texas</i>	
11. Address of mother <i>1111 17th St. Austin, Texas</i>		12. Address of mother <i>1111 17th St. Austin, Texas</i>	
13. Address of mother <i>1111 17th St. Austin, Texas</i>		14. Address of mother <i>1111 17th St. Austin, Texas</i>	

RECEIVED  
 AUG 3- 1954

CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De54 677  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Clair Louise Stoddard</b>			2. Date (month) (day) (year) Of Birth <b>Oct 24, 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>fem</b>	5. Place of Birth a. County <b>Parker, Fremont</b>	b. City or Town of Birth <b>Parker, Idaho</b>	
FATHER	6. Full Name of Father <b>Judson Lyman Stoddard</b>			7. State or Country of Father's Birth <b>Salt Lake City, Utah</b>	
MOTHER	8. Full Maiden Name of Mother <b>Alice Mirya Cottrell</b>			9. State or Country of Mother's Birth <b>Pottawatomie, Mo.</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Clair Louise Stoddard</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>May 17, 1954</b>			11. Present Address of Registrant <b>25625 Narbonne St, Lomita, Calif</b>	
	12. Signature of Notary <i>Chas. G. ...</i>			13. Notary Commission expires <b>June 29, 1957</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>L. D. S. Church</b>	Date issued <b>10/13/42</b>	Date Orig. Entry <b>Baptized on June 1, 1906</b>
	Date of Birth <b>Oct. 24, 1897</b>	Birth Place <b>Parker, Idaho</b>	Full Name of Mother <b>Alice Maria Cottrell</b>	Name of Father <b>Judson Lyman Stoddard</b>	
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by older Sister</b>		By whom issued and signed <b>Chloe Isaacson</b>	Date issued <b>July 3, 1954</b>	Date Orig. Entry
	Date of Birth <b>Oct. 24, 1897</b>	Birth Place <b>Parker, Idaho</b>	Full Name of Mother <b>Alice Mirya Cottrell</b>	Name of Father <b>Judson Lyman Stoddard</b>	
SUPPORTING RECORD 3.	Type of Document <b>Application for Insurance</b>		By whom issued and signed <b>Metropolitan Life Ins. Co.</b>	Date issued	Date Orig. Entry <b>June 20, 1933</b>
	Date of Birth <b>Oct. 24, 1897</b>	Birth Place <b>Parker, Idaho</b>	Full Name of Mother	Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Edna Hamilton</b>	Date Filed <b>Aug. 17, 1954</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# CERTIFICATE OF BIRTH

1951 7 1 100

<p><b>Child's Name</b> <u>Robert James Stoddard</u></p> <p><b>Sex</b> <u>Male</u></p> <p><b>Date of Birth</b> <u>June 20, 1933</u></p> <p><b>Place of Birth</b> <u>Barber, Idaho</u></p> <p><b>State of Birth</b> <u>Idaho</u></p> <p><b>County of Birth</b> <u>Blaine</u></p> <p><b>City of Birth</b> <u>Barber</u></p> <p><b>Signature of Registrar</b> <i>[Signature]</i></p> <p><b>Date</b> <u>June 20, 1933</u></p>	<p><b>Full Name of Father</b> <u>Robert James Stoddard</u></p> <p><b>Full Name of Mother</b> <u>Elizabeth Ann Stoddard</u></p> <p><b>Signature of Father</b> <i>[Signature]</i></p> <p><b>Signature of Mother</b> <i>[Signature]</i></p> <p><b>Signature of Registrar</b> <i>[Signature]</i></p> <p><b>Date</b> <u>June 20, 1933</u></p>
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<p><b>Child's Name</b> <u>Robert James Stoddard</u></p> <p><b>Sex</b> <u>Male</u></p> <p><b>Date of Birth</b> <u>June 20, 1933</u></p> <p><b>Place of Birth</b> <u>Barber, Idaho</u></p> <p><b>State of Birth</b> <u>Idaho</u></p> <p><b>County of Birth</b> <u>Blaine</u></p> <p><b>City of Birth</b> <u>Barber</u></p>	<p><b>Full Name of Father</b> <u>Robert James Stoddard</u></p> <p><b>Full Name of Mother</b> <u>Elizabeth Ann Stoddard</u></p> <p><b>Signature of Father</b> <i>[Signature]</i></p> <p><b>Signature of Mother</b> <i>[Signature]</i></p> <p><b>Signature of Registrar</b> <i>[Signature]</i></p> <p><b>Date</b> <u>June 20, 1933</u></p>	<p><b>Child's Name</b> <u>Robert James Stoddard</u></p> <p><b>Sex</b> <u>Male</u></p> <p><b>Date of Birth</b> <u>June 20, 1933</u></p> <p><b>Place of Birth</b> <u>Barber, Idaho</u></p> <p><b>State of Birth</b> <u>Idaho</u></p> <p><b>County of Birth</b> <u>Blaine</u></p> <p><b>City of Birth</b> <u>Barber</u></p>	<p><b>Full Name of Father</b> <u>Robert James Stoddard</u></p> <p><b>Full Name of Mother</b> <u>Elizabeth Ann Stoddard</u></p> <p><b>Signature of Father</b> <i>[Signature]</i></p> <p><b>Signature of Mother</b> <i>[Signature]</i></p> <p><b>Signature of Registrar</b> <i>[Signature]</i></p> <p><b>Date</b> <u>June 20, 1933</u></p>
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<p><b>Child's Name</b> <u>Robert James Stoddard</u></p> <p><b>Sex</b> <u>Male</u></p> <p><b>Date of Birth</b> <u>June 20, 1933</u></p> <p><b>Place of Birth</b> <u>Barber, Idaho</u></p> <p><b>State of Birth</b> <u>Idaho</u></p> <p><b>County of Birth</b> <u>Blaine</u></p> <p><b>City of Birth</b> <u>Barber</u></p>	<p><b>Full Name of Father</b> <u>Robert James Stoddard</u></p> <p><b>Full Name of Mother</b> <u>Elizabeth Ann Stoddard</u></p> <p><b>Signature of Father</b> <i>[Signature]</i></p> <p><b>Signature of Mother</b> <i>[Signature]</i></p> <p><b>Signature of Registrar</b> <i>[Signature]</i></p> <p><b>Date</b> <u>June 20, 1933</u></p>
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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 54 716  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>BERNISE K. T HOMAS</b>			2. Date (month) (day) (year) Of Birth <b>March, 12, 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth a. County <b>Nezperce, Lewis County</b> b. City or Town of Birth <b>Nezperce, Idaho</b>		
FATHER	6. Full Name of Father <b>Charles F. Thomas</b>			7. State of Country of Father's Birth <b>Iowa</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mattie Keltner</b>			9. State or Country of Mother's Birth <b>Iowa</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Bernise Thomas</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>July, 15, 1954</b> 19			11. Present Address of Registrant <b>201 Ipswich St Gladstone, Oregon</b>	
				12. Signature of Notary <i>J. C. Hamilton</i>	
				13. Notary Commission expires <b>May, 24, 1955</b> 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class <u>B</u>	Type of Document <b>Affidavit by Mother</b>		By whom issued and signed <b>Mattie Thomas</b>		Date issued <b>July 15, 1954</b>	Date Orig. Entry
	Date of Birth <b>March 12, 1897</b>	Birth Place <b>Nezperce, Idaho</b>	Full Name of Mother <b>Mattie Keltner</b>		Name of Father <b>Charles F. Thomas</b>	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document <b>Affidavit by Uncle</b>		By whom issued and signed <b>Ralph Thomas</b>		Date issued <b>July 15, 1954</b>	Date Orig. Entry
	Date of Birth <b>March 12, 1897</b>	Birth Place <b>Nezperce, Idaho</b>	Full Name of Mother <b>Mattie Keltner</b>		Name of Father <b>Charles F. Thomas</b>	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <b>Employment record</b>		By whom issued and signed <b>Publishers' Paper Co, Oregon</b>		Date issued <b>8/18/54</b>	Date Orig. Entry <b>Employed on Feb. 11, 1942</b>
	Date of Birth <b>Mar. 12, 1897</b>	Birth Place <b>Nezperce, Idaho</b>	Full Name of Mother <b>City, Ore.</b>		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

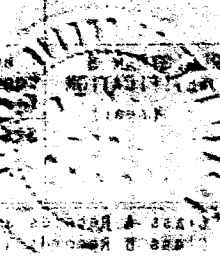
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Edna Hamilton</b>	Date Filed <b>Aug. 27, 1954</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



STATE OF IOWA  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF VITAL STATISTICS

1. Name of child <b>William K. Thomas</b>		2. Sex <b>Male</b>		3. Date of birth <b>March 12, 1954</b>	
4. Place of birth <b>Marquette, Lewis County</b>		5. Name of father <b>Charles F. Thomas</b>		6. Name of mother <b>Marjorie Elaine</b>	
7. State of birth <b>Iowa</b>		8. Name of father <b>Charles F. Thomas</b>		9. Name of mother <b>Marjorie Elaine</b>	
10. Date of birth <b>March 12, 1954</b>		11. Name of father <b>Charles F. Thomas</b>		12. Name of mother <b>Marjorie Elaine</b>	
13. Date of birth <b>March 12, 1954</b>		14. Name of father <b>Charles F. Thomas</b>		15. Name of mother <b>Marjorie Elaine</b>	
16. Date of birth <b>March 12, 1954</b>		17. Name of father <b>Charles F. Thomas</b>		18. Name of mother <b>Marjorie Elaine</b>	
19. Date of birth <b>March 12, 1954</b>		20. Name of father <b>Charles F. Thomas</b>		21. Name of mother <b>Marjorie Elaine</b>	
22. Date of birth <b>March 12, 1954</b>		23. Name of father <b>Charles F. Thomas</b>		24. Name of mother <b>Marjorie Elaine</b>	
25. Date of birth <b>March 12, 1954</b>		26. Name of father <b>Charles F. Thomas</b>		27. Name of mother <b>Marjorie Elaine</b>	
28. Date of birth <b>March 12, 1954</b>		29. Name of father <b>Charles F. Thomas</b>		30. Name of mother <b>Marjorie Elaine</b>	
31. Date of birth <b>March 12, 1954</b>		32. Name of father <b>Charles F. Thomas</b>		33. Name of mother <b>Marjorie Elaine</b>	
34. Date of birth <b>March 12, 1954</b>		35. Name of father <b>Charles F. Thomas</b>		36. Name of mother <b>Marjorie Elaine</b>	
37. Date of birth <b>March 12, 1954</b>		38. Name of father <b>Charles F. Thomas</b>		39. Name of mother <b>Marjorie Elaine</b>	
40. Date of birth <b>March 12, 1954</b>		41. Name of father <b>Charles F. Thomas</b>		42. Name of mother <b>Marjorie Elaine</b>	
43. Date of birth <b>March 12, 1954</b>		44. Name of father <b>Charles F. Thomas</b>		45. Name of mother <b>Marjorie Elaine</b>	
46. Date of birth <b>March 12, 1954</b>		47. Name of father <b>Charles F. Thomas</b>		48. Name of mother <b>Marjorie Elaine</b>	
49. Date of birth <b>March 12, 1954</b>		50. Name of father <b>Charles F. Thomas</b>		51. Name of mother <b>Marjorie Elaine</b>	
52. Date of birth <b>March 12, 1954</b>		53. Name of father <b>Charles F. Thomas</b>		54. Name of mother <b>Marjorie Elaine</b>	
55. Date of birth <b>March 12, 1954</b>		56. Name of father <b>Charles F. Thomas</b>		57. Name of mother <b>Marjorie Elaine</b>	
58. Date of birth <b>March 12, 1954</b>		59. Name of father <b>Charles F. Thomas</b>		60. Name of mother <b>Marjorie Elaine</b>	
61. Date of birth <b>March 12, 1954</b>		62. Name of father <b>Charles F. Thomas</b>		63. Name of mother <b>Marjorie Elaine</b>	
64. Date of birth <b>March 12, 1954</b>		65. Name of father <b>Charles F. Thomas</b>		66. Name of mother <b>Marjorie Elaine</b>	
67. Date of birth <b>March 12, 1954</b>		68. Name of father <b>Charles F. Thomas</b>		69. Name of mother <b>Marjorie Elaine</b>	
70. Date of birth <b>March 12, 1954</b>		71. Name of father <b>Charles F. Thomas</b>		72. Name of mother <b>Marjorie Elaine</b>	
73. Date of birth <b>March 12, 1954</b>		74. Name of father <b>Charles F. Thomas</b>		75. Name of mother <b>Marjorie Elaine</b>	
76. Date of birth <b>March 12, 1954</b>		77. Name of father <b>Charles F. Thomas</b>		78. Name of mother <b>Marjorie Elaine</b>	
79. Date of birth <b>March 12, 1954</b>		80. Name of father <b>Charles F. Thomas</b>		81. Name of mother <b>Marjorie Elaine</b>	
82. Date of birth <b>March 12, 1954</b>		83. Name of father <b>Charles F. Thomas</b>		84. Name of mother <b>Marjorie Elaine</b>	
85. Date of birth <b>March 12, 1954</b>		86. Name of father <b>Charles F. Thomas</b>		87. Name of mother <b>Marjorie Elaine</b>	
88. Date of birth <b>March 12, 1954</b>		89. Name of father <b>Charles F. Thomas</b>		90. Name of mother <b>Marjorie Elaine</b>	
91. Date of birth <b>March 12, 1954</b>		92. Name of father <b>Charles F. Thomas</b>		93. Name of mother <b>Marjorie Elaine</b>	
94. Date of birth <b>March 12, 1954</b>		95. Name of father <b>Charles F. Thomas</b>		96. Name of mother <b>Marjorie Elaine</b>	
97. Date of birth <b>March 12, 1954</b>		98. Name of father <b>Charles F. Thomas</b>		99. Name of mother <b>Marjorie Elaine</b>	
100. Date of birth <b>March 12, 1954</b>		101. Name of father <b>Charles F. Thomas</b>		102. Name of mother <b>Marjorie Elaine</b>	



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De54 816

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Alva Burton Howell</u>			2. Date (month) (day) (year) Of Birth <u>July</u> <u>12</u> <u>1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Latah</u>	b. City or Town of Birth <u>Rural Viola</u>	
FATHER	6. Full Name of Father <u>Albert Howell</u>			7. State or Country of Father's Birth <u>Martinsville, Indiana</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mary Louisa Sherri</u>			9. State or Country of Mother's Birth <u>Coffeerville, Kansas</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Alva Burton Howell</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>10th of August 19 54</u>			11. Present Address of Registrant <u>Deary, Idaho</u>	
	12. Signature of Notary <u>W. W. Benson</u>			13. Notary Commission expires <u>July 1, 19 58</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Application for Insurance</u>		By whom issued and signed <u>Idaho Mutual Benefit Assn,</u>	Date issued <u>Dec. 7, 1937</u>	Date Orig. Entry
	Date of Birth <u>July 12, 1897</u>	Birth Place <u>Viola, Idaho</u>	Full Name of Mother	Name of Father	
Class* <u>B</u>					
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by an older Sister</u>		By whom issued and signed <u>Stella Howell Price</u>	Date issued <u>Sept. 4, 1954</u>	Date Orig. Entry
	Date of Birth <u>July 12, 1897</u>	Birth Place <u>Viola, Idaho</u>	Full Name of Mother <u>Mary Louisa Sherri Howell</u>	Name of Father <u>Albert Howell</u>	
Class <u>B</u>					
SUPPORTING RECORD 3-	Type of Document <u>Roll of Registered Electors</u>		By whom issued and signed <u>Latah County Recorder Bessie Babcock</u>	Date issued <u>9-28-54</u>	Date Orig. Entry <u>7-22-1926</u>
	Date of Birth <u>Age 29</u>	Birth Place	Full Name of Mother	Name of Father	
Class <u>B</u>					
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Joyce B. Foltz</u>	Date Filed <u>Oct. 5, 1954</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH

STATE OF IOWA

OCT 10 1934

Date of Birth July 12 1897

Alive at Birth

Parents: John V. Howell, Father; Mary V. Howell, Mother; Coffeyville, Kansas

Alfred Howell, Father; Mary Howell, Mother

1. Name of Child: John V. Howell

2. Date of Birth: July 12 1897

3. Date of Death: July 1 1934

4. Date of Burial: July 1 1934



5. Date of Issuance: Dec 7 1934

6. Name of Registrar: [illegible]

7. Name of Hospital: [illegible]

8. Date of Birth: July 12 1897

9. Name of Child: John V. Howell

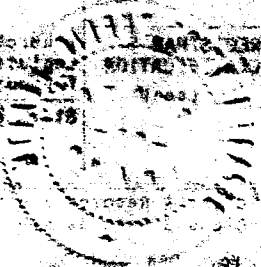
10. Date of Death: July 1 1934

CLASS B  
SUPPORTING  
RECORD 2  
CLASS B  
QUALIFYING  
INFORMATION

11. Date of Issuance: Oct 6 1934

12. Name of Registrar: [illegible]

13. Name of Registrar: [illegible]



141-222-022-385  
DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De54-966  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Myrtle Adams</b>			2. Date (month) (day) (year) Of Birth <b>May 22 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Fremont</b>	b. City or Town of Birth <b>Market Lake</b>		
FATHER	6. Full Name of Father <b>George Thomas Adams</b>			7. State or Country of Father's Birth <b>Idaho</b>		
MOTHER	8. Full Maiden Name of Mother <b>Lucy Ellen Cherry</b>			9. State or Country of Mother's Birth <b>Utah</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Myrtle M. Moss</i>		11. Present Address of Registrant <b>1500 Navarro Drive Santa Clara, California</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>November 4th 1954</b>			12. Signature of Notary <i>Isabel Stout</i>		13. Notary Commission expires <b>Sept. 29th 1958</b>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>		Date issued <b>Census of 1900</b>
	Date of Birth <b>3 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Lucy E. Adams</b>		Name of Father <b>George T. Adams</b>
SUPPORTING RECORD 2.	Type of Document <b>Child's birth certificate</b>		By whom issued and signed <b>Division of Vital Statistics Boise, Idaho #907021</b>		Date issued <b>April 15, 1921</b>
	Date of Birth <b>28 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <i>Mark F. Edm</i>		Date Filed <b>Dec. 3, 1954</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEC 3 1954

TO ( )	FROM ( )	DATE	TIME
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10-10-68

Office of the Director of the FBI

CONFIDENTIAL

DATE RECEIVED: 11/11/1964

78-11-24

10/2/58 10:00 AM

10-10-68

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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NAME: JIMMY E. BROWN	HOUSE: 100
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and not so much as to be able to do so.

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10. The Commission has also received information from the Government of the Republic of the Philippines that the military forces of the Philippines have been involved in the commission of human rights violations in the Philippines, including the killing of civilians, the use of force against peaceful protesters, and the use of force against the press.

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De55-33  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>George Monroe Bateman (Monroe George)</b>				2. Date of Birth <b>September 12, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>BEAR LAKE, COUNTY</b>		6. City or Town of Birth <b>Bloomington</b>	
FATHER	6. Full Name of Father <b>Alfred John Bateman</b>				7. State or Country of Father's Birth <b>Wyoming</b>	
MOTHER	8. Full Maiden Name of Mother <b>Clara Hess</b>				9. State or Country of Mother's Birth <b>Idaho</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Geo. M. Bateman</i>		11. Present Address of Registrant <b>1106 Van Ness Avenue Tempe, Arizona</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>Nov. 18 - 1954</b>			12. Signature of Notary <i>Lilyl S. May</i>		13. Notary Commission expires <b>My Commission Expires 1955</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>		Date issued <b>Census of 1900</b>	Date Orig. Entry <b>1900</b>
	Class* <u>A</u>	Date of Birth <b>Sept. 1897</b> 2 yrs old	Birth Place <b>Idaho</b>	Full Name of Mother <b>Clara Bateman</b>		Name of Father <b>Alfred John Bateman</b>
SUPPORTING RECORD 2.	Type of Document <b>Church Record</b>		By whom issued and signed <b>L. D. S. Church</b>		Date issued <b>Baptized</b>	Date Orig. Entry <b>June 20, 1906</b>
	Class <u>B</u>	Date of Birth <b>Sept. 12, 1897</b>	Birth Place <b>Bloomington, Ida.</b>	Full Name of Mother <b>Clara Hess</b>		Name of Father <b>John Bateman</b>
SUPPORTING RECORD 3.	Type of Document <b>School Record</b>		By whom issued and signed <b>Utah State Agricultural College</b>		Date issued <b>1921</b>	Date Orig. Entry
	Class <u>B</u>	Date of Birth <b>Sept. 12, 1897</b>	Birth Place	Full Name of Mother <b>Alfred John Bateman</b>		Name of Father

QUALIFYING INFORMATION  
Application for insurance with the National Life Insurance Co gives date of birth as Sept. 12, 1897, Bloomington, Idaho, application dated Jan. 18, 1921.

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Mark E. Eden</i>	Date Filed <b>Jan. 11, 1955</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>VATCHEL ZACHARIAH BARNES</b>		JAN 14 1955 Division of Vital Statistics		2. Date (month) (day) (year) Of Birth <b>January 20 1897</b>
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Bannock</b>		b. City or Town of Birth <b>Downey</b>
FATHER	6. Full Name of Father <b>Zachariah Barnes</b>				7. State or Country of Father's Birth <b>Missouri</b>
MOTHER	8. Full Maiden Name of Mother <b>Hannah Christinia Rassmussen</b>				9. State or Country of Mother's Birth <b>Denmark</b>
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Vatchel Zachariah Barnes</i>
NOTARY (Seal)	Subscribed and sworn to before me on <u>Aug. 30</u> 1954				11. Present Address of Registrant <b>821 D Street Eureka, California</b>
	12. Signature of Notary <i>Ruby M. Ireland</i>				13. Notary Commission expires <u>Nov. 19</u> 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <b>Discharge</b>		By whom issued and signed <b>U. S. Naval Service</b>		Date issued <b>2/6/1918</b>	Date Orig. Entry Enlisted on <b>Dec. 8, 1915</b>
	Date of Birth <b>Jan. 20, 1897</b>	Birth Place <b>Downey, Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2-  Class. <u>A</u>	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>		Date issued <b>Census of 1900</b>	Date Orig. Entry
	Date of Birth <b>3 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Hannah Barnes</b>		Name of Father	
SUPPORTING RECORD 3-  Class _____	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION						
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REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <i>W. W. Benson</i>			Date Filed <b>Jan. 14, 1955</b>

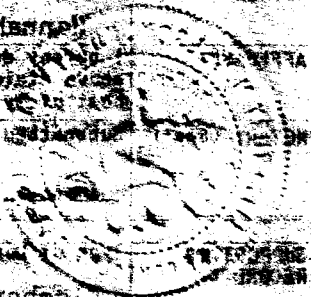
\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# DECLARED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

1. Name of child at birth <b>WILLIAM BACHMAN BARTON</b>		2. Sex <b>Male</b>	
3. Date of birth <b>1904</b>		4. Place of birth <b>Barrook</b>	
5. Name of father <b>Downey</b>		6. Name of mother <b>Missouri</b>	
7. State or County of father's birth <b>Missouri</b>		8. State or County of mother's birth <b>Missouri</b>	
9. Present address of declarant <b>551 D Street St. Louis, Missouri</b>		10. Signature of declarant <i>[Signature]</i>	
11. Notary Commission expires <b>1904</b>		12. Signature of Notary <i>[Signature]</i>	



1. Name of child at birth <b>WILLIAM BACHMAN BARTON</b>		2. Sex <b>Male</b>	
3. Date of birth <b>1904</b>		4. Place of birth <b>Barrook</b>	
5. Name of father <b>Downey</b>		6. Name of mother <b>Missouri</b>	
7. State or County of father's birth <b>Missouri</b>		8. State or County of mother's birth <b>Missouri</b>	
9. Present address of declarant <b>551 D Street St. Louis, Missouri</b>		10. Signature of declarant <i>[Signature]</i>	
11. Notary Commission expires <b>1904</b>		12. Signature of Notary <i>[Signature]</i>	

1. Name of child at birth <b>WILLIAM BACHMAN BARTON</b>		2. Sex <b>Male</b>	
3. Date of birth <b>1904</b>		4. Place of birth <b>Barrook</b>	
5. Name of father <b>Downey</b>		6. Name of mother <b>Missouri</b>	
7. State or County of father's birth <b>Missouri</b>		8. State or County of mother's birth <b>Missouri</b>	
9. Present address of declarant <b>551 D Street St. Louis, Missouri</b>		10. Signature of declarant <i>[Signature]</i>	
11. Notary Commission expires <b>1904</b>		12. Signature of Notary <i>[Signature]</i>	

REGISTERED

CERTIFICATE

JUN 17 1905

JUN 14 1905

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO  
RECEIVED  
JAN 20 1955  
Division of Vital Statistics

State File No. De55-54  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Clyde Glen Hanson</u>			2. Date (month) (day) (year) <u>August 23 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>M</u>	5. Place of Birth a. County <u>Jefferson</u>	b. City or Town of Birth <u>Idaho</u>	
FATHER	6. Full Name of Father <u>John Hanson</u>			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother <u>Emma Browning Hanson</u>			9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Clyde Glen Hanson</u>	11. Present Address of Registrant <u>Box 74 Roberts, Idaho.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 17th 1955</u>			12. Signature of Notary <u>George M. Larson</u>	13. Notary Commission expires <u>Dec. 12, 1955</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <u>Church Record</u>		By whom issued and signed <u>Certificate of Baptism</u>	Date issued <u>Baptized</u>	Date Orig. Entry <u>Aug. 1, 1908</u>
	Date of Birth <u>Aug. 23, 1897,</u>	Birth Place <u>Annis, Idaho</u>	Full Name of Mother <u>Emma Browning</u>	Name of Father <u>John Hanson</u>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <u>Church Record</u>		By whom issued and signed <u>Ordination as teacher</u>	Date issued <u>Dec. 21,</u>	Date Orig. Entry <u>1914</u>
	Date of Birth <u>Aug. 23,</u>	Birth Place <u>1897, Annis, Idaho</u>	Full Name of Mother <u>Emma Browning</u>	Name of Father <u>John Hanson</u>	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Emma Browning Hanson</u>	Date issued <u>Jan. 17,</u>	Date Orig. Entry <u>1955</u>
	Date of Birth <u>Aug. 23,</u>	Birth Place <u>1897, Annis, Idaho</u>	Full Name of Mother <u>Emma Browning</u>	Name of Father <u>John Hanson</u>	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mabel F. Edman</u>	Date Filed <u>Jan. 20, 1955</u>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DEFERRED CERTIFICATE OF BIRTH

Jan 02 1935

1. Name of child at birth 2. Sex 3. Date of birth 4. Place of birth 5. Name of father 6. Name of mother 7. State or County of father's birth 8. State or County of mother's birth 9. Present address of Registrant 10. Signature of Registrant 11. Signature of father 12. Signature of mother		13. Name of father 14. Name of mother 15. State or County of father's birth 16. State or County of mother's birth 17. Present address of Registrant 18. Signature of Registrant 19. Signature of father 20. Signature of mother	
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1. Name of father 2. Name of mother 3. State or County of father's birth 4. State or County of mother's birth 5. Present address of Registrant 6. Signature of Registrant 7. Signature of father 8. Signature of mother	1. Name of father 2. Name of mother 3. State or County of father's birth 4. State or County of mother's birth 5. Present address of Registrant 6. Signature of Registrant 7. Signature of father 8. Signature of mother
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1. Name of father 2. Name of mother 3. State or County of father's birth 4. State or County of mother's birth 5. Present address of Registrant 6. Signature of Registrant 7. Signature of father 8. Signature of mother	1. Name of father 2. Name of mother 3. State or County of father's birth 4. State or County of mother's birth 5. Present address of Registrant 6. Signature of Registrant 7. Signature of father 8. Signature of mother
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719-282-007-794

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

# RECEIVED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De55-55

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

JAN 12 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Anna Elizabeth Gardner</i>			2. Date (month) (day) (year) Of Birth <i>November 22 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth a. County <i>Soldier Blaine</i>	b. City or Town of Birth <i>Soldier Idaho</i>		
FATHER	6. Full Name of Father <i>Walter Gardner</i>			7. State or Country of Father's Birth <i>Glasgow Scotland</i>		
MOTHER	8. Full Maiden Name of Mother <i>Hannah Grundy</i>			9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Anna Elizabeth Gardner Couell</i>		11. Present Address of Registrant <i>Rupert, Idaho 824 5th. Street</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 10, 1955</i>			12. Signature of Notary <i>Zenneth E. Bell</i>		13. Notary Commission expires <i>May 5, 1955</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>A</u>	Type of Document <i>Census Record</i>		By whom issued and signed <i>Department of Commerce Bureau of the Census</i>	Date issued <i>Census of 1900</i>	Date Orig. Entry <i>1900</i>
	Date of Birth <i>Nov. 1897</i> 2 yrs old	Birth Place <i>Idaho</i>	Full Name of Mother <i>Hannah Gardiner</i>	Name of Father <i>Walter Gardiner</i>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <i>Affidavit by sister</i>		By whom issued and signed <i>Mary E. Rowland</i>	Date issued <i>Jan. 14, 1955</i>	Date Orig. Entry <i>1955</i>
	Date of Birth <i>Nov. 22, 1897</i>	Birth Place <i>Soldier, Idaho</i>	Full Name of Mother <i>Hannah Gardner</i>	Name of Father <i>Walter Gardner</i>	
SUPPORTING RECORD 3-  Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Mary E. Rowland</i>	Date Filed	

\*Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

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Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (n = 10) and the experimental group (n = 10). The control group received a standard diet (SD) and the experimental group received a high-fat diet (HFD). The subjects were divided into two groups: the control group (n = 10) and the experimental group (n = 10). The control group received a standard diet (SD) and the experimental group received a high-fat diet (HFD). The subjects were divided into two groups: the control group (n = 10) and the experimental group (n = 10). The control group received a standard diet (SD) and the experimental group received a high-fat diet (HFD).

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Division of Investigation  
U. S. Department of Justice

be-179 2306

the 1990s, the number of people in the world who are undernourished has declined from 1.1 billion to 800 million. The number of people who are malnourished has declined from 1.5 billion to 1 billion. The number of people who are obese has increased from 100 million to 300 million. The number of people who are overweight has increased from 100 million to 300 million. The number of people who are undernourished has declined from 1.1 billion to 800 million. The number of people who are malnourished has declined from 1.5 billion to 1 billion. The number of people who are obese has increased from 100 million to 300 million. The number of people who are overweight has increased from 100 million to 300 million.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Ralph LeRoy White</b>		2. Date (month) (day) (year) Of Birth <b>July 22 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Latah</b>	
FATHER	6. Full Name of Father <b>Clarence Duella White</b>		7. State or Country of Father's Birth <b>Minnesota</b>	
MOTHER	8. Full Maiden Name of Mother <b>Edith V. (do not know maiden name)</b>		9. State or Country of Mother's Birth <b>Alabama</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Ralph LeRoy White</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Nov. 12 1954</i>		11. Present Address of Registrant <b>123 N. Lilly, Moscow, Idaho</b>	
			12. Signature of Notary <i>J. M. Donnell</i>	
			13. Notary Commission expires <b>Sept 10, 1957</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>		Date issued <b>Census of 1900</b>	Date Orig. Entry <b>1900</b>
	Date of Birth <b>July 1897</b>	Birth Place <b>2 yrs old Idaho</b>	Full Name of Mother <b>Edith White</b>		Name of Father <b>Clarence D. White</b>	
SUPPORTING RECORD 2.	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Metropolitan Life Insurance</b>		Date issued <b>Dec. 13, 1923</b>	Date Orig. Entry <b>1923</b>
	Date of Birth <b>July 22, 1897</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother Company <b>Edith V. White</b>		Name of Father <b>Clarence Duella White</b>	
SUPPORTING RECORD 3.	Type of Document <b>Affidavit</b>		By whom issued and signed <b>A. M. Craig</b>		Date issued <b>Nov. 12, 1954</b>	Date Orig. Entry <b>1954</b>
	Date of Birth <b>July 22, 1897</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother <b>Edith V. White</b>		Name of Father <b>Clarence Duella White</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <i>W. W. Benson</i>		Date Filed <b>Jan. 25, 1955</b>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



JAN 10 1955

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Harvey Kyle Walker</b>				2. Date of Birth (month) (day) (year) <b>June 12, 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth <b>Arco</b>	a. County	b. City or Town of Birth <b>Arco, Idaho</b>		
FATHER	6. Full Name of Father <b>George E. Walker</b>				7. State or Country of Father's Birth <b>Missouri</b>		
MOTHER	8. Full Maiden Name of Mother <b>Pearl Kyle</b>				9. State or Country of Mother's Birth <b>Oxford, Idaho</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Harvey Kyle Walker</i>		11. Present Address of Registrant <b>Arco, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Jan 4th</i> 1955				12. Signature of Notary <i>OT. Jones</i>		13. Notary Commission expires <i>Nov 6, 1958</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document <b>Affidavit by Uncle</b>		By whom issued and signed <b>Charles Kyle</b>		Date issued <b>Jan. 4, 1955</b>	Date Orig. Entry
	Date of Birth <b>June 12, 1897</b>	Birth Place <b>Arco, Idaho</b>	Full Name of Mother <b>Pearl Kyle Walker</b>		Name of Father <b>George E. Walker</b>	
SUPPORTING RECORD 2	Type of Document <b>Atomic Energy Commission Courtesy Identification Card</b>		By whom issued and signed		Date issued	Date Orig. Entry <b>Mch. 31, 1950</b>
	Date of Birth <b>6-12-97</b>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3	Type of Document <b>Child's birth certificate</b>		By whom issued and signed <b>Division of Vital Statistics</b>		Date issued	Date Orig. Entry <b>July 19, 1946</b>
	Date of Birth <b>49 yrs old</b>	Birth Place <b>Arco, Idaho</b>	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <i>Mark H. Edin</i>		Date Filed <b>Feb. 3, 1955</b>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



4 1955

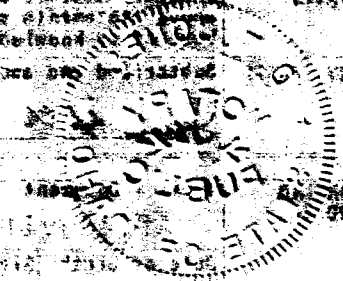
State of Illinois  
County of Cook  
City of Chicago  
I, the undersigned, Clerk of the County of Cook, do hereby certify that the within and foregoing is a true and correct copy of the original record of birth of the child of [Name] and [Name] as the same appears in the records of the County of Cook, Illinois.

Witness my hand and the seal of the County of Cook, Illinois, this [Date] day of [Month], 1955.

CLERK OF COUNTY OF COOK  
ILLINOIS

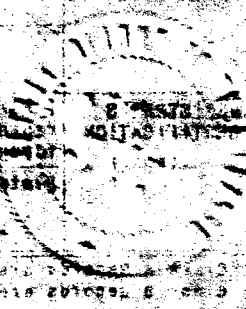
State of Illinois  
County of Cook  
City of Chicago  
I, the undersigned, Clerk of the County of Cook, do hereby certify that the within and foregoing is a true and correct copy of the original record of birth of the child of [Name] and [Name] as the same appears in the records of the County of Cook, Illinois.

CLERK OF COUNTY OF COOK  
ILLINOIS



State of Illinois  
County of Cook  
City of Chicago  
I, the undersigned, Clerk of the County of Cook, do hereby certify that the within and foregoing is a true and correct copy of the original record of birth of the child of [Name] and [Name] as the same appears in the records of the County of Cook, Illinois.

State of Illinois  
County of Cook  
City of Chicago  
I, the undersigned, Clerk of the County of Cook, do hereby certify that the within and foregoing is a true and correct copy of the original record of birth of the child of [Name] and [Name] as the same appears in the records of the County of Cook, Illinois.



REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Harriet Coop Barlow</u>					2. Date of Birth (month) (day) (year) <u>Feb 8 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Iona Bonnaville</u>	a. County <u>Idaho</u>	b. City or Town of Birth <u>Iona</u>		
FATHER	6. Full Name of Father <u>George Thomas Barlow</u>					7. State or Country of Father's Birth <u>Pittsburg Pennsylvania</u>	
MOTHER	8. Full Maiden Name of Mother <u>Sarah Coop</u>					9. State or Country of Mother's Birth <u>Belle Isle Yorkshire Eng</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Harriet Coop Barlow</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Jan. 19 1955</u>					11. Present Address of Registrant <u>2655 W 72 St Torrance Calif</u>	
	12. Signature of Notary <u>Helen Shannon</u>					13. Notary Commission expires <u>My Commission Expires March 9 1955</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE			
SUPPORTING RECORD 1-  Class <u>B</u>	Type of Document <u>Certificate of Baptism</u>	By whom issued and signed <u>L. D. S. Church</u>	Date Issued <u>Baptized</u>
	Date of Birth <u>Feb. 8, 1897</u>	Birth Place <u>Iona, Idaho</u>	Date Orig. Entry <u>July 29, 1905</u>
SUPPORTING RECORD 2-  Class <u>A</u>	Type of Document <u>Family Group Record</u>	By whom issued and signed <u>Family</u>	Date Issued <u>Feb. 8, 1897</u>
	Date of Birth <u>Feb. 8, 1897</u>	Birth Place <u>Iona, Idaho</u>	Date Orig. Entry <u>George Thomas Barlow</u>
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <u>Affidavit by brother</u>	By whom issued and signed <u>Geo. E. Barlow</u>	Date Issued <u>Feb. 7, 1955</u>
	Date of Birth <u>Feb. 8, 1897</u>	Birth Place <u>Iona, Idaho</u>	Date Orig. Entry <u>George T. Barlow</u>
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)			
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		Evidence reviewed by <u>W. W. Benson</u>	
State Registrar <u>W. W. Benson</u>		Date Filed <u>Feb. 10, 1955</u>	



REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Foote, Samuel Stanley				2. Date of Birth November 13 1897	
	3. Color or Race W.		4. Sex Male	5. Place of Birth Middleton Canyon	6. City or Town of Birth Middleton	
FATHER	6. Full Name of Father Foote, Samuel Seabury				7. State or Country of Father's Birth Connecticut U S A	
MOTHER	8. Full Maiden Name of Mother Wilson, Cordelia Irene				9. State or Country of Mother's Birth Chicago, Illinois W S. A	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Samuel Stanley Foote	
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 25 1955				11. Present Address of Registrant Rt. 1 Caldwell, Idaho	
	12. Signature of Notary Gene N. Moberly				13. Notary Commission expires May 28 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document Bible Record		By whom issued and signed Family Bible		Date issued	Date Orig. Entry Nov. 13, 1897	
	Date of Birth Nov. 13, 1897	Birth Place	Full Name of Mother		Name of Father		
SUPPORTING RECORD 2-	Type of Document School Record of Age		By whom issued and signed School Dist #28 Caldwell, Idaho		Date issued entered	Date Orig. Entry Sept. 1, 1905	
	Date of Birth 8 yrs old	Birth Place	Full Name of Mother		Name of Father S. S. Foote		
SUPPORTING RECORD 3-	Type of Document Affidavit by sister		By whom issued and signed Georgia Helen Foote		Date issued Feb. 25, 1955	Date Orig. Entry	
	Date of Birth Nov. 13, 1897	Birth Place Middleton, Ida.	Full Name of Mother Cordelia I. Wilson		Name of Father Samuel S. Foote		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar W. W. Benson		Evidence reviewed by M. E. Benson			Date Filed Feb. 28, 1955	

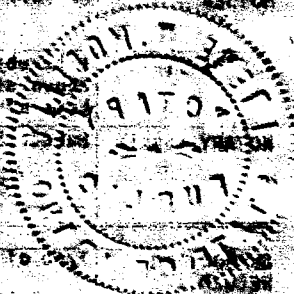
\*Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

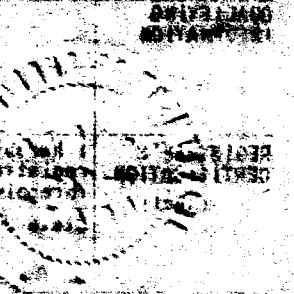
# DELAWARE CERTIFICATE OF BIRTH

MAR 11 1955

State of Delaware  
 Department of Health  
 Division of Vital Statistics  
 Certificate of Birth  
 No. 1000  
 Date of Birth: November 11, 1908  
 Name of Child: William James  
 Sex: Male  
 Race: White  
 Color: White  
 Height: 5' 10"  
 Weight: 150 lbs.  
 Eyes: Blue  
 Hair: Brown  
 Signature of Registrar: [Signature]  
 Date of Issuance: November 11, 1908



Parents: [Name] and [Name]  
 Date of Birth: November 11, 1908  
 Name of Child: William James  
 Sex: Male  
 Race: White  
 Color: White  
 Height: 5' 10"  
 Weight: 150 lbs.  
 Eyes: Blue  
 Hair: Brown  
 Signature of Registrar: [Signature]  
 Date of Issuance: November 11, 1908



Parents: [Name] and [Name]  
 Date of Birth: November 11, 1908  
 Name of Child: William James  
 Sex: Male  
 Race: White  
 Color: White  
 Height: 5' 10"  
 Weight: 150 lbs.  
 Eyes: Blue  
 Hair: Brown  
 Signature of Registrar: [Signature]  
 Date of Issuance: November 11, 1908

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>William Morse Martin</i>		2. Date of Birth (month) <i>10</i> (day) <i>2</i> (year) <i>1897</i>	
	3. Color or Race <i>white</i>	4. Sex <i>Male</i>	5. Place of Birth - a. County <i>Samaria, Nevada Co.</i>	b. City or Town of Birth <i>Samaria Ida.</i>
FATHER	6. Full Name of Father <i>John E. Martin</i>		7. State or Country of Father's Birth <i>Samaria Ida.</i>	
MOTHER	8. Full Maiden Name of Mother <i>Marguerite Morse Martin</i>		9. State or Country of Mother's Birth <i>Idaho</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>William M. Martin</i>	
NOTARY (Seal)	11. Subscribed and sworn to before me on <i>October 19</i> 1954		12. Signature of Notary <i>R. E. Birtme</i>	
			13. Notary Commission expires <i>Sept. 4</i> 1955	

APPLICANT-- DO NOT WRITE BELOW THIS LINE				
SUPPORTING RECORD 1.	Type of Document <i>Church Record</i>		By whom issued and signed <i>L. D. S. Church</i>	Date issued <i>Blessed</i>
	Date of Birth <i>Oct. 2, 1897</i>	Birth Place <i>Samaria, Idaho</i>	Full Name of Mother <i>Margaret Morse</i>	Date Orig. Entry <i>Dec. 5, 1897</i>
Class* <i>A</i>			Name of Father <i>John E. Martin</i>	
SUPPORTING RECORD 2.	Type of Document <i>Church Record</i>		By whom issued and signed <i>L. D. S. Church</i>	Date issued <i>Baptized</i>
	Date of Birth <i>Oct. 2, 1897</i>	Birth Place <i>Samaria, Idaho</i>	Full Name of Mother <i>Margaret Morse</i>	Date Orig. Entry <i>June 7, 1907</i>
Class <i>B</i>			Name of Father <i>Jone E. Martin</i>	
SUPPORTING RECORD 3.	Type of Document <i>Affidavit by Aunt</i>		By whom issued and signed <i>Mrs. Anna Martin</i>	Date issued <i>Nov. 17, 1954</i>
	Date of Birth <i>Oct. 2, 1897</i>	Birth Place <i>Samaria, Idaho</i>	Full Name of Mother <i>Marguerite Morse</i>	Date Orig. Entry <i>John E. Martin</i>
Class <i>B</i>			Name of Father <i>John E. Martin</i>	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Mabel Freda</i>	Date Filed <i>Mch 8, 1955</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAR 8 1953

NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE OF DEATH	PLACE OF DEATH
John R. Martin	Nov. 17, 1907	St. Louis, Mo.	Dec. 7, 1952	St. Louis, Mo.
FATHER: John R. Martin, born [illegible], died [illegible].				
MOTHER: [illegible], born [illegible], died [illegible].				
EDUCATION: [illegible]				
OCCUPATION: [illegible]				
MARRIAGE: [illegible]				
MILITARY SERVICE: [illegible]				
REMARKS: [illegible]				

NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE OF DEATH	PLACE OF DEATH
John R. Martin	Nov. 17, 1907	St. Louis, Mo.	Dec. 7, 1952	St. Louis, Mo.
FATHER: John R. Martin, born [illegible], died [illegible].				
MOTHER: [illegible], born [illegible], died [illegible].				
EDUCATION: [illegible]				
OCCUPATION: [illegible]				
MARRIAGE: [illegible]				
MILITARY SERVICE: [illegible]				
REMARKS: [illegible]				

NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE OF DEATH	PLACE OF DEATH
John R. Martin	Nov. 17, 1907	St. Louis, Mo.	Dec. 7, 1952	St. Louis, Mo.
FATHER: John R. Martin, born [illegible], died [illegible].				
MOTHER: [illegible], born [illegible], died [illegible].				
EDUCATION: [illegible]				
OCCUPATION: [illegible]				
MARRIAGE: [illegible]				
MILITARY SERVICE: [illegible]				
REMARKS: [illegible]				

MAR 28 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>William Lee Waller</b>			2. Date (month) (day) (year) Of Birth <b>November 16 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Ada</b>	b. City or Town of Birth <b>Boise, Idaho</b>		
FATHER	6. Full Name of Father <b>Isaac Harvey Waller</b>			7. State or Country of Father's Birth <b>Clinton, Illinois</b>		
MOTHER	8. Full Maiden Name of Mother <b>Ida M. Martin</b>			9. State or Country of Mother's Birth <b>New Providence, Iowa</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>W. L. Waller</i>		11. Present Address of Registrant <i>Nampa Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 26 1955</i>			12. Signature of Notary <i>H. B. Wade</i>		13. Notary Commission expires <i>May 1957.</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Family Bible Record</b>		By whom issued and signed <b>Mother</b>		Date issued	Date Orig. Entry <b>Nov. 16, 1897</b>
	Date of Birth <b>Nov. 16, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Ida M. Martin</b>		Name of Father <b>Isaac Harvey Waller</b>	
SUPPORTING RECORD 2-	Type of Document <b>Child's birth certificate</b>		By whom issued and signed <b>Division of Vital Statistics</b>		Date issued	Date Orig. Entry <b>Dec. 21, 1926</b>
	Date of Birth <b>23 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>McKelvey</i>	Date Filed <b>3-28-55</b>





DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De55-347  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>JESSE T. HUGHES</b>				2. Date (month) (day) (year) Of Birth <b>March 24 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Idaho</b>		b. City or Town of Birth <b>Nezperce</b>		
FATHER	6. Full Name of Father <b>Thomas A. Hughes</b>				7. State or Country of Father's Birth <b>Missouri</b>		
MOTHER	8. Full Maiden Name of Mother <b>Laura M. Stringer</b>				9. State or Country of Mother's Birth <b>Iowa</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Jesse T. Hughes</i>		11. Present Address of Registrant <b>Imperial Apartments Dallas, Oregon</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>April 9 1955</b>				12. Signature of Notary <i>J. H. With</i>		13. Notary Commission expires <b>NOTARY PUBLIC FOR OREGON My Commission expires Nov. 12, 1956</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Family Bible record of births		Charles L. Hughes.		Feb. 5, 1955	March 24, 1897	
Class* <u>A</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	Mar. 24, 1897						
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	School Record		School Superintendent Hillsboro, Oregon		census of	Dec. 5, 1914	
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	17 yrs old				T. A. Hughes		
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
Class _____	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar		Evidence reviewed by			Date Filed	
	W. W. Benson		<i>eh [Signature]</i>			Apr. 12, 1955	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH STATE OF IDAHO

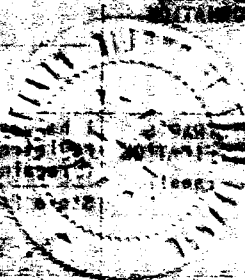
APR 19 1955

1. Name of child at birth	2. Date of birth	3. Place of birth	4. Name of father	5. Name of mother
6. Name of father	7. Name of mother	8. Name of father	9. Name of mother	10. Name of father



11. Name of child at birth	12. Date of birth	13. Place of birth	14. Name of father	15. Name of mother
16. Name of father	17. Name of mother	18. Name of father	19. Name of mother	20. Name of father

21. Name of child at birth	22. Date of birth	23. Place of birth	24. Name of father	25. Name of mother
26. Name of father	27. Name of mother	28. Name of father	29. Name of mother	30. Name of father



31. Name of child at birth	32. Date of birth	33. Place of birth	34. Name of father	35. Name of mother
36. Name of father	37. Name of mother	38. Name of father	39. Name of mother	40. Name of father

APR 18 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Stella Strom</b>				2. Date of Birth <b>July 25, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>female</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Oneida</b>	b. City or Town of Birth <b>Malad City</b>	
FATHER	6. Full Name of Father <b>Charles Strom</b>				7. State or Country of Father's Birth <b>Sweden</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Sanderson</b>				9. State or Country of Mother's Birth <b>Willard, Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Stella Strom Martin</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>April 15 1955</b>				11. Present Address of Registrant <b>210 W. Caram, Pocatello, Idaho</b>	
	12. Signature of Notary <i>R. Don Bristline</i>				13. Notary Commission expires <b>Sept. 4 1955</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Family Record</b>		By whom issued and signed <b>Charles Strom, record</b>		Date issued	Date Orig. Entry <b>July 25, 1897</b>
	Date of Birth <b>July 25, 1897</b>	Birth Place	Full Name of Mother viewed by <b>R. Don Bristline, Notary</b>		Name of Father	
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by father</b>		By whom issued and signed <b>Charles Strom</b>		Date issued <b>Nov. 1, 1954</b>	Date Orig. Entry
	Date of Birth <b>Nov. 1, 1954</b>	Birth Place <b>Malad City, Idaho</b>	Full Name of Mother <b>Mary Sanderson</b>		Name of Father <b>Charles Strom</b>	
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by Aunt</b>		By whom issued and signed <b>Rebecca Warner</b>		Date issued <b>Nov. 30, 1954</b>	Date Orig. Entry
	Date of Birth <b>July 25, 1897</b>	Birth Place <b>Malad City, Idaho</b>	Full Name of Mother <b>Mary Sanderson</b>		Name of Father <b>Charles Strom</b>	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>W. W. Benson</i>	Date Filed <b>Apr. 18, 1955</b>
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\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH

State File No. 100-100000  
Local File No. 100-100000  
Date of Birth 10-10-1900

Division of Vital Statistics  
State of Missouri  
St. Louis, Mo.

1. Name of Deceased Charles E. Stinson		2. Sex Male		3. Date of Birth 10-10-1900		4. Place of Birth St. Louis, Mo.		5. Name of Father Charles E. Stinson		6. Name of Mother Mary E. Stinson	
7. Date of Death 10-10-1900		8. Cause of Death Stillborn		9. Name of Physician Dr. J. H. Stinson		10. Name of Hospital St. Louis Hospital		11. Name of Registrar J. H. Stinson		12. Name of County St. Louis	
13. Name of City St. Louis		14. Name of State Missouri		15. Name of Country United States		16. Name of Race White		17. Name of Religion Catholic		18. Name of Occupation None	

19. Name of Deceased Charles E. Stinson		20. Sex Male		21. Date of Birth 10-10-1900		22. Place of Birth St. Louis, Mo.		23. Name of Father Charles E. Stinson		24. Name of Mother Mary E. Stinson	
25. Date of Death 10-10-1900		26. Cause of Death Stillborn		27. Name of Physician Dr. J. H. Stinson		28. Name of Hospital St. Louis Hospital		29. Name of Registrar J. H. Stinson		30. Name of County St. Louis	
31. Name of City St. Louis		32. Name of State Missouri		33. Name of Country United States		34. Name of Race White		35. Name of Religion Catholic		36. Name of Occupation None	

37. Name of Deceased Charles E. Stinson		38. Sex Male		39. Date of Birth 10-10-1900		40. Place of Birth St. Louis, Mo.		41. Name of Father Charles E. Stinson		42. Name of Mother Mary E. Stinson	
43. Date of Death 10-10-1900		44. Cause of Death Stillborn		45. Name of Physician Dr. J. H. Stinson		46. Name of Hospital St. Louis Hospital		47. Name of Registrar J. H. Stinson		48. Name of County St. Louis	
49. Name of City St. Louis		50. Name of State Missouri		51. Name of Country United States		52. Name of Race White		53. Name of Religion Catholic		54. Name of Occupation None	

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **De55-447**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Sara Boone</b>				2. Date (month) (day) (year) <b>Jan. 28 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Canyon</b>	b. City or Town of Birth <b>Caldwell</b>	
FATHER	6. Full Name of Father <b>William Judson Boone</b>				7. State or Country of Father's Birth <b>Pennsylvania, U.S.A.</b>	
MOTHER	8. Full Maiden Name of Mother <b>Annie Elizabeth Jamison</b>				9. State or Country of Mother's Birth <b>Pennsylvania, U.S.A.</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Sara Boone Carter</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 19 1955</i>				11. Present Address of Registrant <b>242 East 72 St., New York, N. Y.</b>	
	12. Signature of Notary <i>Vincent H. Gregorich</i>				13. Notary Commission expires <i>March 30 1956</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

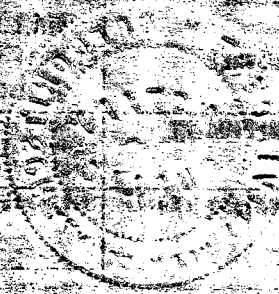
SUPPORTING RECORD 1.	Type of Document <b>Census Record</b>		By whom issued and signed <b>Department of Commerce Bureau of the Census</b>		Date issued <b>Census of 1900</b>	Date Orig. Entry
	Date of Birth <b>Jan 1897</b> <b>3 yrs old</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Annie E. Boon</b>		Name of Father <b>William J. Boon</b>	
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by brother</b>		By whom issued and signed <b>James L. Boone</b>		Date issued <b>May 3, 1955</b>	Date Orig. Entry
	Date of Birth <b>Jan. 28, 1897</b>	Birth Place <b>Caldwell, Idaho</b>	Full Name of Mother <b>Annie Elizabeth Jamison Wm. J. Boone</b>		Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <i>Malcolm K. Keady</i>	Date Filed <b>May 6, 1955</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 9 1956



**RECEIVED**  
**DELAYED CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **De55-457**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

**MAY 9 1955**

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Josephine Magdalene Bettanini</i>				2. Date (month) (day) (year) Of Birth <i>Aug. 27 1897</i>			
	3. Color or Race <i>White Female</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Seesburg</i>		b. City & Town of Birth <i>Seesburg Idaho</i>			
<b>FATHER</b>	6. Full Name of Father <i>Joseph Bettanini</i>				7. State or Country of Father's Birth <i>Italy</i>			
<b>MOTHER</b>	8. Full Maiden Name of Mother <i>Mahala Roberts</i>				9. State or Country of Mother's Birth <i>Minnesota</i>			
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Josephine M. Moore</i>		11. Present Address of Registrant <i>3340-58th S.W. Seattle</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>May 4 1955</i>				12. Signature of Notary <i>Clady F. Masten</i>		13. Notary Commission expires <i>Nov. 12 1955</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1-</b>	Type of Document <i>Bible Record</i>		By whom issued and signed <i>Family Bible T. O. Harfst</i>	Date issued <i>Aug. 27, 1897</i>	Date Orig. Entry
	Date of Birth <i>Aug. 27, 1897,</i>	Birth Place	Full Name of Mother <i>Notary</i>	Name of Father	
<b>SUPPORTING RECORD 2-</b>	Type of Document <i>Affidavit by father</i>		By whom issued and signed <i>Joseph Bettanini</i>	Date issued <i>3-31-55</i>	Date Orig. Entry
	Date of Birth <i>Aug. 27, 1897,</i>	Birth Place <i>Seeburg, Idaho</i>	Full Name of Mother <i>Mahala Roberts</i>	Name of Father <i>Joseph Bettanini</i>	
<b>SUPPORTING RECORD 3-</b>	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
<b>QUALIFYING INFORMATION</b>					
<b>REGISTRAR'S CERTIFICATION</b> (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
State Registrar <i>W. W. Benson</i>			Evidence reviewed by <i>Mahala Roberts</i>		Date Filed <i>May 9, 1955</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



MAY 20 1932

John J. [illegible]

State of Texas of Mother's Birth

State of Texas of Mother

Attest: [illegible]  
[illegible]  
[illegible]

By [illegible] and [illegible] [illegible]

Family Pilot, A. [illegible] Aug. 27, 1932

Full Name of Mother [illegible]

State of Texas of Mother

Aug. 27, 1932

Attest: [illegible]

Attest: [illegible]

Date of Birth [illegible]

John J. [illegible]

Aug. 27, 1932, [illegible]

By [illegible] and [illegible]

Type of Document [illegible]

Full Name of Mother [illegible]

Date of Birth [illegible]

It is hereby certified that a certain birth certificate has been found in the Division of the [illegible] and that same has been reviewed and found correct and true in all particulars.

MAY 2, 1932

W. J. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Frank J. Edwards</b>				2. Date (month) (day) (year) Of Birth <b>September 30 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Lemhi</b>		b. City or Town of Birth <b>Salmon</b>	
FATHER	6. Full Name of Father <b>Edgar S. Edwards, Jr.</b>				7. State or Country of Father's Birth <b>Leesburg, Idaho</b>	
MOTHER	8. Full Maiden Name of Mother <b>Maude E. Johnson</b>				9. State or Country of Mother's Birth <b>Corinne, Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Frank J. Edwards</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>June 16th 19 55</b>				11. Present Address of Registrant <b>Salmon, Idaho</b>	
					12. Signature of Notary	
					13. Notary Commission expires <b>February 27 19 56</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>certified copy</b>	By whom issued and signed <b>U. S. Army</b>		Date issued <b>4-29-55</b>	Date Orig. Entry <b>Jan. 20, 1919</b>
	<b>U. S. Army - records enlistment - discharge</b>	<b>Full Name of Mother Idaho</b>		<b>Name of Father</b>	
Class* <u>B</u>	Date of Birth <b>20 years of Jan. 14, 1918</b>	Birth Place <b>Salmon</b>		age at enlistment	
SUPPORTING RECORD 2.	Type of Document <b>affidavit by aunt</b>	By whom issued and signed <b>Katherine E. Spellman</b>		Date issued <b>5-12-55</b>	Date Orig. Entry
	<b>Sept. 30, 1897 - Salmon, Idaho</b>	<b>Full Name of Mother Maude E. Johnson</b>		<b>Name of Father Edgar S. Edwards, Jr.</b>	
Class <u>B</u>	Date of Birth	Birth Place			
SUPPORTING RECORD 3.	Type of Document <b>school record</b>	By whom issued and signed <b>Lemhi County School Super. Maemie R. Ellis</b>		Date issued <b>4-29-55</b>	Date Orig. Entry <b>school census 1910</b>
	<b>Sept. 30, 1897</b>	<b>Full Name of Mother</b>		<b>Name of Father</b>	
Class <u>B</u>	Date of Birth	Birth Place			
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>Betty Waller</b>		Date Filed <b>June 29, 1955</b>

JUN 28 1955

State of Idaho  
County of Blaine  
Blaine, Idaho

NOTARY PUBLIC  
Blaine, Idaho

Subscribed and sworn to before me this 28th day of June, 1955.

Notary Public  
Blaine, Idaho



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De55-651  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Golden Holt Farmer</u>				2. Date Of Birth <u>October 28, 1897</u> (month) (day) (year)	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Clifton, Oneida</u>		b. City or Town of Birth <u>Clifton</u>	
FATHER	6. Full Name of Father <u>Erastus G. Farmer</u>				7. State or Country of Father's Birth <u>Florence, Nebraska</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mary Ellen Holt</u>				9. State or Country of Mother's Birth <u>Salt Lake City, Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Golden Holt Farmer</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 7</u> 19 <u>55</u>				11. Present Address of Registrant <u>1115 N. 12th Boise, Idaho</u>	
	12. Signature of Notary <u>Eric L. Osterberg</u>				13. Notary Commission expires <u>June 3</u> 19 <u>56</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Church Records</u>		By whom issued and signed <u>Statement by Clayne Robison, Bishop LDS Church</u>		Date issued <u>7-8-55</u>
	Date of Birth <u>Oct. 28, 1897</u>	Birth Place <u>Clifton, Idaho</u>	Full Name of Mother		Date Orig. Entry <u>Dec 5, 1897</u>
SUPPORTING RECORD 2.	Type of Document <u>Child's Birth Certificate</u>		By whom issued and signed <u>Div. Vital Statistics, Idaho # 109335</u>		Date issued
	Date of Birth <u>Age 25</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Date Orig. Entry <u>Jan 12, 1923</u>
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
QUALIFYING INFORMATION	Name of Father				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W W Benson</u>		Evidence reviewed by <u>Joyce B. Foltz</u>		Date Filed <u>July 8, 1955</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

[illegible]

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth Margaret May Evans			2. Date of Birth April 7 1897	
	3. Color or Race White	4. Sex F	5. Place of Birth Malad, Idaho	a. County Oneida	
<b>FATHER</b>	6. Full Name of Father Thomas J. Evans			7. State or Country of Father's Birth Wales	
<b>MOTHER</b>	8. Full Maiden Name of Mother Charlotte Ann Adams			9. State or Country of Mother's Birth Idaho	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Margaret May Reynolds</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on June 10 19 55			11. Present Address of Registrant 655 Kershaw Ogden, Utah	
				12. Signature of Notary <i>John J. Cuneo</i>	
			13. Notary Commission expires January 15 19 59		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1.</b>	Type of Document Affidavit by Mother		By whom issued and signed Charlotte Evans		Date Issued June 10, 1955
	Date of Birth April 7, 1897	Birth Place Malad, Idaho	Full Name of Mother Charlotte Ann Adams		Name of Father Thomas J. Evans
<b>SUPPORTING RECORD 2.</b>	Type of Document # 93986 Child's birth Certificate		By whom issued and signed Idaho Bureau of Vital Statistics		Date Issued Filed on 9/6/21
	Date of Birth 24 yrs old	Birth Place Malad, Idaho	Full Name of Mother		Date Orig. Entry Child born on Aug. 27, 1921
<b>SUPPORTING RECORD 3.</b>	Type of Document letter re employment record		By whom issued and signed AMERICAN LINEN SUPPLY CO. Ogden, Utah		Date Issued 7-26-55
	Date of Birth April 7, 1897	Birth Place Malad, Idaho	Full Name of Mother		Date Orig. Entry August 6, 1929

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>E. J. Benson</i>	Evidence reviewed by Betty Waller	Date Filed August 11, 1955

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

CLASS		RECORD		QUALIFIED		REGISTERED	
Class B		RECORD 2		Class B		REGISTERED	
<p>1. Name of Child: <b>John Doe</b></p> <p>2. Date of Birth: <b>1921</b></p> <p>3. Place of Birth: <b>St. Louis, Mo.</b></p> <p>4. Sex: <b>Male</b></p> <p>5. Race: <b>White</b></p> <p>6. Height: <b>5' 10"</b></p> <p>7. Weight: <b>150 lbs.</b></p> <p>8. Color of Eyes: <b>Blue</b></p> <p>9. Color of Hair: <b>Brown</b></p> <p>10. Color of Skin: <b>Fair</b></p> <p>11. Date of Issuance: <b>1921</b></p> <p>12. Date of Expiration: <b>None</b></p> <p>13. Name of Registrar: <b>John Doe</b></p> <p>14. Signature of Registrar: <b>[Signature]</b></p> <p>15. Seal of Registrar: <b>[Seal]</b></p>		<p>1. Name of Child: <b>John Doe</b></p> <p>2. Date of Birth: <b>1921</b></p> <p>3. Place of Birth: <b>St. Louis, Mo.</b></p> <p>4. Sex: <b>Male</b></p> <p>5. Race: <b>White</b></p> <p>6. Height: <b>5' 10"</b></p> <p>7. Weight: <b>150 lbs.</b></p> <p>8. Color of Eyes: <b>Blue</b></p> <p>9. Color of Hair: <b>Brown</b></p> <p>10. Color of Skin: <b>Fair</b></p> <p>11. Date of Issuance: <b>1921</b></p> <p>12. Date of Expiration: <b>None</b></p> <p>13. Name of Registrar: <b>John Doe</b></p> <p>14. Signature of Registrar: <b>[Signature]</b></p> <p>15. Seal of Registrar: <b>[Seal]</b></p>		<p>1. Name of Child: <b>John Doe</b></p> <p>2. Date of Birth: <b>1921</b></p> <p>3. Place of Birth: <b>St. Louis, Mo.</b></p> <p>4. Sex: <b>Male</b></p> <p>5. Race: <b>White</b></p> <p>6. Height: <b>5' 10"</b></p> <p>7. Weight: <b>150 lbs.</b></p> <p>8. Color of Eyes: <b>Blue</b></p> <p>9. Color of Hair: <b>Brown</b></p> <p>10. Color of Skin: <b>Fair</b></p> <p>11. Date of Issuance: <b>1921</b></p> <p>12. Date of Expiration: <b>None</b></p> <p>13. Name of Registrar: <b>John Doe</b></p> <p>14. Signature of Registrar: <b>[Signature]</b></p> <p>15. Seal of Registrar: <b>[Seal]</b></p>		<p>1. Name of Child: <b>John Doe</b></p> <p>2. Date of Birth: <b>1921</b></p> <p>3. Place of Birth: <b>St. Louis, Mo.</b></p> <p>4. Sex: <b>Male</b></p> <p>5. Race: <b>White</b></p> <p>6. Height: <b>5' 10"</b></p> <p>7. Weight: <b>150 lbs.</b></p> <p>8. Color of Eyes: <b>Blue</b></p> <p>9. Color of Hair: <b>Brown</b></p> <p>10. Color of Skin: <b>Fair</b></p> <p>11. Date of Issuance: <b>1921</b></p> <p>12. Date of Expiration: <b>None</b></p> <p>13. Name of Registrar: <b>John Doe</b></p> <p>14. Signature of Registrar: <b>[Signature]</b></p> <p>15. Seal of Registrar: <b>[Seal]</b></p>	

AUG 15 1955

STATE OF IDAHO

State File No. De55-756

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>ELSA NINA VOSS</b>				2. Date of Birth June 12 1897	
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth farm, Latah Co., Idaho	
FATHER	6. Full Name of Father Herman Voss				7. State or Country of Father's Birth Germany	
MOTHER	8. Full Maiden Name of Mother Anna Noelle				9. State or Country of Mother's Birth Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Elsa Nina Voss Higgins</i>	
NOTARY (Seal)	Subscribed and sworn to before me on August 11 1955				11. Present Address of Registrant Garfield Wash RR 1	
					12. Signature of Notary <i>B. M. Lomet</i>	
					13. Notary Commission expires July 25 1959	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document School record		By whom issued and signed UNIVERSITY OF IDAHO		Date issued
	Date of Birth June 12, 1897	Birth Place -	Full Name of Mother Herman Voss		Date Orig. Entry Sept. 20, 1915
SUPPORTING RECORD 2.	Type of Document letter re application for insurance		By whom issued and signed NATIONAL PUBLIC SERVICE CO. Wash. #FSP-WN-106		Date issued 7-22-55
	Date of Birth June 12, 1897	Birth Place -	Full Name of Mother -		Date Orig. Entry Nov. 22, 1943
SUPPORTING RECORD 3.	Type of Document affidavit by neighbor		By whom issued and signed Matilda L. Rothermel		Date issued 8-9-55
	Date of Birth June 12, 1897	Birth Place Latah Co. Idaho	Full Name of Mother Anna Voss		Date Orig. Entry Herman Voss

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. J. Benson</i>	Evidence reviewed by bw Betty Waller	Date Filed August 16, 1955

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# FEDERAL BUREAU OF INVESTIGATION

STATE OF IDAHO

MAY 17 1955

MAY 18 1955

1. Full Name of Mother: \_\_\_\_\_

2. State of County of Mother's Birth: \_\_\_\_\_

3. State of County of Father's Birth: \_\_\_\_\_

4. City or Town of Birth: \_\_\_\_\_

5. Date (Month, Day, Year): \_\_\_\_\_

6. Place of Birth: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_

8. Name of Father: \_\_\_\_\_

9. Name of Mother: \_\_\_\_\_

10. Name of Child: \_\_\_\_\_

11. Signature of Registrar: \_\_\_\_\_

12. Signature of Father: \_\_\_\_\_

13. Signature of Mother: \_\_\_\_\_

14. Date of Birth: \_\_\_\_\_

15. Name of Father: \_\_\_\_\_

16. Name of Mother: \_\_\_\_\_

17. Date of Birth: \_\_\_\_\_

18. Name of Father: \_\_\_\_\_

19. Name of Mother: \_\_\_\_\_

20. Date of Birth: \_\_\_\_\_

21. Name of Father: \_\_\_\_\_

22. Name of Mother: \_\_\_\_\_

23. Date of Birth: \_\_\_\_\_

24. Name of Father: \_\_\_\_\_

25. Name of Mother: \_\_\_\_\_

26. Date of Birth: \_\_\_\_\_

27. Name of Father: \_\_\_\_\_

28. Name of Mother: \_\_\_\_\_

29. Date of Birth: \_\_\_\_\_

30. Name of Father: \_\_\_\_\_

31. Name of Mother: \_\_\_\_\_

32. Date of Birth: \_\_\_\_\_

33. Name of Father: \_\_\_\_\_

34. Name of Mother: \_\_\_\_\_

35. Date of Birth: \_\_\_\_\_

36. Name of Father: \_\_\_\_\_

37. Name of Mother: \_\_\_\_\_

38. Date of Birth: \_\_\_\_\_

39. Name of Father: \_\_\_\_\_

40. Name of Mother: \_\_\_\_\_

41. Date of Birth: \_\_\_\_\_

42. Name of Father: \_\_\_\_\_

43. Name of Mother: \_\_\_\_\_

AUG 29 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth INEZ HELEN PAGE			2. Date of Birth (month) August (day) 10 (year) 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Canyon	b. City or Town of Birth Nampa	
FATHER	6. Full Name of Father Frank Page			7. State or Country of Father's Birth New York	
MOTHER	8. Full Maiden Name of Mother Marion Adelpphia York			9. State or Country of Mother's Birth Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant X Inez Page Harris	
NOTARY (Seal)	Subscribed and sworn to before me on July 9th 1955			11. Present Address of Registrant 778 Capp Street San Francisco 10, California	
	12. Signature of Notary Robert L. Kreuzberger			13. Notary Commission Expires Notary Public in and for the City and County of San Francisco, State of California MY COMMISSION EXPIRES 10-12-58	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class* <u>B</u>	Type of Document affidavit by mother		By whom issued and signed Marion Adelpphia Page	Date issued 6-2-55	Date Orig. Entry
	Date of Birth August 10, 1897	Birth Place Nampa, Idaho Canyon County	Full Name of Mother Marion Adelpphia York	Name of Father Frank Page	
SUPPORTING RECORD 2.  Class <u>A</u>	Type of Document Bible Record		By whom issued and signed family Bible viewed by R. Kreuzberger, Notary	Date issued 7-9-55	Date Orig. Entry
	Date of Birth August 10, 1897	Birth Place Nampa, Idaho	Full Name of Mother Marion A. York	Name of Father Frank Page	
SUPPORTING RECORD 3.  Class <u>A</u>	Type of Document Census Record		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census	Date issued 8-17-55	Date Orig. Entry Census of June 1, 1900
	Date of Birth August, 1897	Birth Place 2 years old Idaho	Full Name of Mother Marion A. Page	Name of Father Frank Page	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. L. Benson	Evidence reviewed by Betty Waller	Date Filed August 30, 1955

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

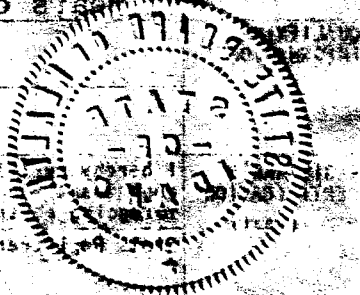
# DECEASED CERTIFICATE OF BIRTH STATE OF ILLINOIS

NOV 21 1957

1. Full Name of Father		2. Place of Birth		3. State of Country of Father's Birth	
4. Full Name of Mother		5. Place of Birth		6. State of Country of Mother's Birth	
7. Present Address of Registrant		8. Signature of Registrant		9. Date and Place of Birth	
10. Signature of Father		11. Signature of Mother		12. Signature of Registrant	
13. Signature of Father		14. Signature of Mother		15. Signature of Registrant	
16. Signature of Father		17. Signature of Mother		18. Signature of Registrant	
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22. Signature of Father		23. Signature of Mother		24. Signature of Registrant	
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46. Signature of Father		47. Signature of Mother		48. Signature of Registrant	
49. Signature of Father		50. Signature of Mother		51. Signature of Registrant	
52. Signature of Father		53. Signature of Mother		54. Signature of Registrant	
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97. Signature of Father		98. Signature of Mother		99. Signature of Registrant	
100. Signature of Father		101. Signature of Mother		102. Signature of Registrant	



1. Name of Father		2. Name of Mother		3. Name of Registrant	
4. Date of Birth		5. Place of Birth		6. State of Birth	
7. Date of Death		8. Place of Death		9. State of Death	
10. Date of Burial		11. Place of Burial		12. State of Burial	
13. Date of Interment		14. Place of Interment		15. State of Interment	
16. Date of Cremation		17. Place of Cremation		18. State of Cremation	
19. Date of Disposition		20. Place of Disposition		21. State of Disposition	
22. Date of Burial		23. Place of Burial		24. State of Burial	
25. Date of Interment		26. Place of Interment		27. State of Interment	
28. Date of Cremation		29. Place of Cremation		30. State of Cremation	
31. Date of Disposition		32. Place of Disposition		33. State of Disposition	
34. Date of Burial		35. Place of Burial		36. State of Burial	
37. Date of Interment		38. Place of Interment		39. State of Interment	
40. Date of Cremation		41. Place of Cremation		42. State of Cremation	
43. Date of Disposition		44. Place of Disposition		45. State of Disposition	
46. Date of Burial		47. Place of Burial		48. State of Burial	
49. Date of Interment		50. Place of Interment		51. State of Interment	
52. Date of Cremation		53. Place of Cremation		54. State of Cremation	
55. Date of Disposition		56. Place of Disposition		57. State of Disposition	
58. Date of Burial		59. Place of Burial		60. State of Burial	
61. Date of Interment		62. Place of Interment		63. State of Interment	
64. Date of Cremation		65. Place of Cremation		66. State of Cremation	
67. Date of Disposition		68. Place of Disposition		69. State of Disposition	
70. Date of Burial		71. Place of Burial		72. State of Burial	
73. Date of Interment		74. Place of Interment		75. State of Interment	
76. Date of Cremation		77. Place of Cremation		78. State of Cremation	
79. Date of Disposition		80. Place of Disposition		81. State of Disposition	
82. Date of Burial		83. Place of Burial		84. State of Burial	
85. Date of Interment		86. Place of Interment		87. State of Interment	
88. Date of Cremation		89. Place of Cremation		90. State of Cremation	
91. Date of Disposition		92. Place of Disposition		93. State of Disposition	
94. Date of Burial		95. Place of Burial		96. State of Burial	
97. Date of Interment		98. Place of Interment		99. State of Interment	
100. Date of Cremation		101. Place of Cremation		102. State of Cremation	



1. Name of Father: [Name]  
 2. Name of Mother: [Name]  
 3. Name of Registrant: [Name]  
 4. Date of Birth: [Date]  
 5. Place of Birth: [Place]  
 6. State of Birth: [State]  
 7. Date of Death: [Date]  
 8. Place of Death: [Place]  
 9. State of Death: [State]  
 10. Date of Burial: [Date]  
 11. Place of Burial: [Place]  
 12. State of Burial: [State]  
 13. Date of Interment: [Date]  
 14. Place of Interment: [Place]  
 15. State of Interment: [State]  
 16. Date of Cremation: [Date]  
 17. Place of Cremation: [Place]  
 18. State of Cremation: [State]  
 19. Date of Disposition: [Date]  
 20. Place of Disposition: [Place]  
 21. State of Disposition: [State]  
 22. Date of Burial: [Date]  
 23. Place of Burial: [Place]  
 24. State of Burial: [State]  
 25. Date of Interment: [Date]  
 26. Place of Interment: [Place]  
 27. State of Interment: [State]  
 28. Date of Cremation: [Date]  
 29. Place of Cremation: [Place]  
 30. State of Cremation: [State]  
 31. Date of Disposition: [Date]  
 32. Place of Disposition: [Place]  
 33. State of Disposition: [State]  
 34. Date of Burial: [Date]  
 35. Place of Burial: [Place]  
 36. State of Burial: [State]  
 37. Date of Interment: [Date]  
 38. Place of Interment: [Place]  
 39. State of Interment: [State]  
 40. Date of Cremation: [Date]  
 41. Place of Cremation: [Place]  
 42. State of Cremation: [State]  
 43. Date of Disposition: [Date]  
 44. Place of Disposition: [Place]  
 45. State of Disposition: [State]  
 46. Date of Burial: [Date]  
 47. Place of Burial: [Place]  
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 49. Date of Interment: [Date]  
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 51. State of Interment: [State]  
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 53. Place of Cremation: [Place]  
 54. State of Cremation: [State]  
 55. Date of Disposition: [Date]  
 56. Place of Disposition: [Place]  
 57. State of Disposition: [State]  
 58. Date of Burial: [Date]  
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 60. State of Burial: [State]  
 61. Date of Interment: [Date]  
 62. Place of Interment: [Place]  
 63. State of Interment: [State]  
 64. Date of Cremation: [Date]  
 65. Place of Cremation: [Place]  
 66. State of Cremation: [State]  
 67. Date of Disposition: [Date]  
 68. Place of Disposition: [Place]  
 69. State of Disposition: [State]  
 70. Date of Burial: [Date]  
 71. Place of Burial: [Place]  
 72. State of Burial: [State]  
 73. Date of Interment: [Date]  
 74. Place of Interment: [Place]  
 75. State of Interment: [State]  
 76. Date of Cremation: [Date]  
 77. Place of Cremation: [Place]  
 78. State of Cremation: [State]  
 79. Date of Disposition: [Date]  
 80. Place of Disposition: [Place]  
 81. State of Disposition: [State]  
 82. Date of Burial: [Date]  
 83. Place of Burial: [Place]  
 84. State of Burial: [State]  
 85. Date of Interment: [Date]  
 86. Place of Interment: [Place]  
 87. State of Interment: [State]  
 88. Date of Cremation: [Date]  
 89. Place of Cremation: [Place]  
 90. State of Cremation: [State]  
 91. Date of Disposition: [Date]  
 92. Place of Disposition: [Place]  
 93. State of Disposition: [State]  
 94. Date of Burial: [Date]  
 95. Place of Burial: [Place]  
 96. State of Burial: [State]  
 97. Date of Interment: [Date]  
 98. Place of Interment: [Place]  
 99. State of Interment: [State]  
 100. Date of Cremation: [Date]  
 101. Place of Cremation: [Place]  
 102. State of Cremation: [State]

REGISTRANT (Person whose Birth is being registered)	1. Registrar's Full Name and Birth <b>Margaret Talbot Denning</b>				2. Date (month) (day) (year) <b>Aug 11 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Latah</b>	b. City or Town of Birth <b>Moscow</b>	
FATHER	6. Full Name of Father <b>Stewart Stephen Denning</b>				7. State or Country of Father's Birth <b>Scotland</b>	
MOTHER	8. Full Maiden Name of Mother <b>Helen Eva Kieffer</b>				9. State or Country of Mother's Birth <b>Iowa</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Margaret Denning</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Sept. 1, 1955</u>				11. Present Address of Registrant <b>Santa Cruz, California</b>	
	12. Signature of Notary <i>Opal J. Stewart</i>				13. Notary Commission expires <u>Oct - 17, 1958</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>census record</b>		By whom issued and signed <b>DEPARTMENT OF COMMERCE Bureau of the Census</b>		Date issued <b>4-21-55</b>
	Date of Birth <b>August, 1897</b>	Birth Place <b>2 yrs. old - Idaho</b>	Full Name of Mother <b>Elen E. Demning</b>		Date Orig. Entry <b>Census of 1900, June 1</b>
SUPPORTING RECORD 2.	Type of Document <b>school records</b>		By whom issued and signed <b>MOSCOW PUBLIC SCHOOLS Moscow, Idaho</b>		Date issued <b>3-4-55</b>
	Date of Birth <b>August 11, 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Stewart S. Denning</b>		Date Orig. Entry <b>May 31, 1912</b>
SUPPORTING RECORD 3.	Type of Document <b>church record</b>		By whom issued and signed <b>FIRST PRESBYTERIAN CHURCH Moscow, Idaho</b>		Date issued <b>3-16-55</b>
	Date of Birth <b>August 11, 1897</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother <b>Helen Kieffer</b>		Date Orig. Entry <b>baptized March 17, 1901</b>
QUALIFYING INFORMATION	Census Record- Department of Commerce, Bureau of the Census - Census of 1910.				
	Margaret T. Denning shown to be 12 years of age; birthplace: Idaho. <b>April 15</b>				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. B. Benson</i>		Evidence reviewed by <b>Betty Waller</b>		Date Filed <b>Sept. 9, 1955</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 12 1955

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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De55-858  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>JOSEPH HAROLD CLIFTON</b>			2. Date (month) (day) (year) Of Birth <b>June 23 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>M</b>	5. Place of Birth <b>Paris, Idaho, United States of America</b>	6. City or Town of Birth	
FATHER	6. Full Name of Father <b>John Henry Clifton</b>			7. State or Country of Father's Birth <b>Idaho, United States of America</b>	
MOTHER	8. Full Maiden Name of Mother <b>Elizabeth Jane Hogg</b>			9. State or Country of Mother's Birth <b>Scotland</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Joseph Harold Clifton</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>September 23 1955</b>			11. Present Address of Registrant <b>Canada. Claresholm, Alberta.</b>	
				12. Signature of Notary <i>C. V. Bennett</i>	
13. Notary Commission Expires is at the will of the Lieut-Gov. of Alberta and is in full force and effect.					

APPLICANT-- DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <b>Bible Record</b>		By whom issued and signed <b>family record viewed by C. V. Bennett, Notary</b>		Date Issued <b>7-16-55</b>
	Date of Birth <b>June 23, 1897</b>	Birth Place <b>Canada</b>	Full Name of Mother <b>Elizabeth Jane Clifton</b>		Date Orig. Entry <b>near time of birth</b>
SUPPORTING RECORD 2-	Type of Document <b>affidavit by uncle</b>		By whom issued and signed <b>Joseph S. Hogg</b>		Date Issued <b>7-16-55</b>
	Date of Birth <b>June 23, 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother <b>Elizabeth Jane Hogg</b>		Date Orig. Entry <b>near time of birth</b>
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date Issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
Class		Name of Father <b>John Henry Clifton</b>			

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>B. Benson</i>	Evidence reviewed by <b>Betty Waller</b>	Date Filed <b>Sept. 27 1955</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. **D-55-907**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Florence Mary Williams</i>					2. Date (month) (day) (year) Of Birth <i>August 16 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Doniphan (Gold Belt)</i>	a. County <i>Blaine</i>	b. City or Town of Birth			
FATHER	6. Full Name of Father <i>Andrew Daniel Williams</i>					7. State or Country of Father's Birth <i>At Sea (Boston 1st port)</i>		
MOTHER	8. Full Maiden Name of Mother <i>Elizabeth Ann Harrington</i>					9. State or Country of Mother's Birth <i>Ireland</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Mrs B K Journey</i>		11. Present Address of Registrant <i>R2 Springfield, Oregon</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Oct. 14 1955</i>					12. Signature of Notary <i>Laura Kooger</i>		13. Notary Commission expires <i>Sept. 8 1958</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <b>census record</b>		By whom issued and signed <b>DEPARTMENT OF COMMERCE Bureau of the Census</b>		Date issued <b>9-23-55</b>	Date Orig. Entry <b>Census of 1900, June 1</b>
	Class* <b>A</b>	Date of Birth <b>August, 1897</b> 2 years old	Birth Place <b>Idaho</b>	Full Name of Mother <b>Elizabeth Williams</b>	Name of Father <b>Andrew D. Williams</b>	
SUPPORTING RECORD 2.	Type of Document <b>statement re school record</b>		By whom issued and signed <b>UNIVERSITY OF IDAHO Moscow, Idaho</b>		Date issued <b>8-24-55</b>	Date Orig. Entry <b>September 19, 1916</b>
	Class <b>B</b>	Date of Birth <b>August 16, 1897</b>	Birth Place <b>Gold Belt, Idaho</b>	Full Name of Mother	Name of Father <b>A. D. Williams</b>	
SUPPORTING RECORD 3.	Type of Document <b>statement re marriage register</b>		By whom issued and signed <b>GRACE CATHEDRAL San Francisco</b>		Date issued <b>8-19-55</b>	Date Orig. Entry <b>married October 4, 1927</b>
	Class <b>B</b>	Date of Birth <b>27 years old</b>	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION						
REGISTRANT'S CERTIFICATION (seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
State Registrar <i>W. W. Benson</i>			Evidence reviewed by <b>Betty Waller</b>		Date Filed <b>October 18, 1955</b>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



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10-10-61

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De55-921  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Frank Everett Goodwin</i>				2. Date (month) (day) (year) Of Birth <i>April 20 1897</i>	
	3. Color or Race <i>white</i>	4. Sex <i>male</i>	5. Place of Birth <i>Payette, Idaho</i>	a. County <i>Payette</i>	b. City or Town of Birth <i>Payette</i>	
FATHER	6. Full Name of Father <i>Clifford Noble Goodwin</i>				7. State or Country of Father's Birth <i>Ohio</i>	
MOTHER	8. Full Maiden Name of Mother <i>Sarah Luella Jimerson</i>				9. State or Country of Mother's Birth <i>Illinois</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Frank E. Goodwin</i>	11. Present Address of Registrant <i>Sweet, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Oct-11th- 1955</i>				12. Signature of Notary <i>Irene Poe Sweet Ida.</i>	13. Notary Commission expires <i>Sept-25 1957</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class <u>B</u>	Type of Document <i>daughter's birth certificate</i>		By whom issued and signed <i>STATE OF IDAHO #189907</i>	Date issued	Date Orig. Entry <i>child born March 17, 1931</i>
	Date of Birth <i>33 years old</i>	Birth Place <i>Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <i>military record</i>		By whom issued and signed <i>U. S. ARMY</i>	Date issued	Date Orig. Entry <i>inducted August 5, 1918</i>
	Date of Birth <i>21 years old</i>	Birth Place <i>Payette, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <i>insurance application</i>		By whom issued and signed <i>WESTERN UNION LIFE INSURANCE COMPANY</i>	Date issued	Date Orig. Entry <i>June 21, 1920</i>
	Date of Birth <i>April 20 1897</i>	Birth Place <i>Payette, Idaho</i>	Full Name of Mother <i>Ella Goodwin</i>	Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Betty Waller</i>	Date Filed <i>October 20, 1955</i>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De55-1035  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Truman Earl Rowe</b>				2. Date (month) (day) (year) Of Birth <b>Aug. 4 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Barre, Idaho</b>	6. City or Town of Birth <b>McCammon, Idaho.</b>		
FATHER	6. Full Name of Father <b>Truman Washburn Rowe</b>				7. State or Country of Father's Birth <b>Missouri</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Jane Croshaw</b>				9. State or Country of Mother's Birth <b>Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Truman Earl Rowe</i>		11. Present Address of Registrant <b>McCammon, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>October 26 1954</b>			12. Signature of Notary <i>Louis V. McElrath</i>		13. Notary Commission expires <b>May 6 1956</b>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Social Security record</b>		By whom issued and signed <b>TREASURY DEPARTMENT Internal Revenue Service</b>		Date issued <b>November 24 1936</b>
	Date of Birth <b>August 4 1897</b>	Birth Place <b>McCammon Idaho</b>	Full Name of Mother <b>Mary Jane Croshaw</b>		Name of Father <b>Truman Washburn Rowe</b>
SUPPORTING RECORD 2.	Type of Document <b>son's birth certificate</b>		By whom issued and signed <b>STATE OF IDAHO #145857</b>		Date issued <b>Oct. 25, 1926</b>
	Date of Birth <b>29 years old</b>	Birth Place <b>McCammon Idaho</b>	Full Name of Mother <b>Mary Jane Rowe</b>		Name of Father <b>Truman Washburn Rowe</b>
SUPPORTING RECORD 3.	Type of Document <b>affidavit by uncle</b>		By whom issued and signed <b>John Croshaw</b>		Date issued <b>10-22-55</b>
	Date of Birth <b>August 4 1897</b>	Birth Place <b>McCammon Idaho</b>	Full Name of Mother <b>Mary Jane Rowe</b>		Name of Father <b>Truman Washburn Rowe</b>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>Betty Waller</b>		Date Filed <b>November 29 1955</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De55-1077  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Vella May White</b>				2. Date (month) (day) (year) Of Birth <b>April 18, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Washington</b>		b. City or Town of Birth <b>Weiser</b>	
FATHER	6. Full Name of Father <b>James Gibson Towne White</b>				7. State or Country of Father's Birth <b>State of Illinois</b>	
MOTHER	8. Full Maiden Name of Mother <b>Laura Belle White</b>				9. State or Country of Mother's Birth <b>State of Iowa</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Vella May Howe</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>November 10 1955</i>				11. Present Address of Registrant <b>3705 D St., Salem, Oregon</b>	
	12. Signature of Notary <i>P. J. Lavetter</i>				13. Notary Commission expires <i>April 4 1958</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <b>family record</b>		By whom issued and signed <b>photostatic copy viewed by this office</b>	Date issued	Date Orig. Entry
	Date of Birth <b>April 18 1897</b>	Birth Place	Full Name of Mother <b>Laura Ruan</b>	Name of Father <b>James Gibson White</b>	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <b>statement re school record</b>		By whom issued and signed <b>SALEM PUBLIC SCHOOLS Salem, Oregon</b>	Date issued <b>11-10-55</b>	Date Orig. Entry <b>November 1909</b>
	Date of Birth <b>12 years old</b>	Birth Place	Full Name of Mother	Name of Father <b>Dr. G. T. White</b>	
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <b>affidavit by aunt</b>		By whom issued and signed <b>Grace R. Burrows</b>	Date issued <b>12-6-55</b>	Date Orig. Entry
	Date of Birth <b>April 18 1897</b>	Birth Place <b>Weiser Idaho</b>	Full Name of Mother <b>Laura B. White</b>	Name of Father <b>Gibson Towne White</b>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W W Benson</i>	Evidence reviewed by <b>bw Betty Waller</b>	Date Filed <b>December 12 1955</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF INTENT TO NATURALIZE

STATE OF ILLINOIS

I, John Doe, of the County of Clark, State of Illinois, do hereby declare my intention to become a citizen of the United States of America.

I was born on 10-10-1875 at St. Louis, Missouri. I am now residing at Chicago, Illinois. I have been married to John Doe on 10-10-1895 at St. Louis, Missouri. We have no children.

I have been a resident of the State of Illinois for the past five years. I am a member of the United Brotherhood of Carpenters and Joiners of America, Local 1000, Chicago, Illinois.

I have been employed as a carpenter for the past ten years. I am a law-abiding citizen and have no criminal record.

I have been educated in the public schools of St. Louis, Missouri, and Chicago, Illinois. I am able to read, write, and speak the English language.

I have been a member of the United Brotherhood of Carpenters and Joiners of America for the past five years. I am a good and true member of the same.

I have been a member of the United Brotherhood of Carpenters and Joiners of America for the past five years. I am a good and true member of the same.

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I have been a member of the United Brotherhood of Carpenters and Joiners of America for the past five years. I am a good and true member of the same.

John Doe

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DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De56-084  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Harvie Hurshel Mires</b>			2. Date (month) (day) (year) Of Birth <b>Aug 19 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Idaho</b>			
FATHER	6. Full Name of Father <b>Joseph Mires</b>			7. State or Country of Father's Birth <b>Indiana</b>		
MOTHER	8. Full Maiden Name of Mother <b>Sarrah Frances Coley</b>			9. State or Country of Mother's Birth <b>Indiana</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Harvie Hurshel Mires</i>		11. Present Address of Registrant <b>Rt 1, Box 242 Battle Ground, Wash</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>Jan 6, 19 56</b>			12. Signature of Notary <i>P. H. Rasmussen</i>		13. Notary Commission Expires <b>3/11/57 19</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <b>DRIVER'S LICENSE</b>		By whom issued and signed <b>STATE OF WASHINGTON #153827</b>		Date issued	Date Orig. Entry issued <b>July 29, 1943</b>
	Date of Birth <b>August 19 1897</b>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <b>AFFIDAVIT BY OLDER SISTER</b>		By whom issued and signed <b>ELIZABETH M. CLEMANS Battle Ground, Washington</b>		Date issued <b>1-6-56</b>	Date Orig. Entry
	Date of Birth <b>August 19 1897</b>	Birth Place <b>Grangeville, Idaho Idaho County</b>	Full Name of Mother <b>Sarrah Frances Coley</b>		Name of Father <b>Joseph Mires</b>	
SUPPORTING RECORD 3.	Type of Document <b>APPLICATION FOR MEMBERSHIP GRANGE</b>		By whom issued and signed <b>Manor Grange 1101 Battle Ground, Washington</b>		Date issued	Date Orig. Entry signed <b>Sept. 22, 1939</b>
	Date of Birth <b>42 years old</b>	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by <b>bw Betty Waller</b>	Date Filed <b>February 1, 1956</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



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DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De56-096  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>LLOYD NEELEY BECKSTEAD</b>				2. Date (month) (day) (year) Of Birth <b>SEPTEMBER 16 1897</b>	
FATHER	3. Color or Race	4. Sex	5. Place of Birth <b>IDAHO</b>	a. County <b>FRANKLIN</b>	b. City or Town of Birth <b>WHITNEY</b>	
MOTHER	6. Full Name of Father <b>AMASSA BECKSTEAD</b>				7. State or Country of Father's Birth <b>Utah</b>	
	8. Full Maiden Name of Mother <b>MARIAN NEELEY</b>				9. State or Country of Mother's Birth <b>Idah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lloyd N. Beckstead</i>		11. Present Address of Registrant <b>R. F. D. #1 Preston, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 18<sup>th</sup> 1956</i>			12. Signature of Notary <i>Norman A. Ricks</i>		13. Notary Commission expires <i>July 1, 1958</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document <b>STATEMENT RE CHURCH RECORD</b>		By whom issued and signed <b>L.D.S. CHURCH</b>	Date issued <b>1-4-56</b>	Date Orig. Entry
Class <u>B</u>	Date of Birth <b>September 16, 1897</b>	Birth Place <b>Whitney, Idaho Franklin County</b>	Full Name of Mother <b>Marian Neeley</b>	Name of Father <b>Amassa Beckstead</b>	
SUPPORTING RECORD 2	Type of Document <b>INSURANCE RECORD</b>		By whom issued and signed <b>PACIFIC NATIONAL LIFE ASSURANCE CO. #11915; Salt Lake City</b>	Date issued	Date Orig. Entry <b>May 5, 1934</b>
Class <u>B</u>	Date of Birth <b>September 16, 1897</b>	Birth Place <b>Preston Idaho</b>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document <b>SON'S BIRTH CERTIFICATE</b>		By whom issued and signed <b>STATE OF IDAHO #262064</b>	Date issued	Date Orig. Entry <b>child born Dec. 24, 1937</b>
Class <u>B</u>	Date of Birth <b>40 years old</b>	Birth Place <b>Preston Idaho</b>	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>bw Betty Waller</b>	Date Filed <b>February 2 1956</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF INVESTIGATION

Division of Investigation  
Bureau of Criminal Investigation  
Columbus, Ohio

FEB 3 1933

Date (month) \_\_\_\_\_  
Day \_\_\_\_\_  
Year \_\_\_\_\_

City or Town of Birth \_\_\_\_\_

County of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Marital Status \_\_\_\_\_

Religion \_\_\_\_\_

Political Party \_\_\_\_\_

Place of Birth \_\_\_\_\_

County of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Marital Status \_\_\_\_\_

Religion \_\_\_\_\_

Political Party \_\_\_\_\_

Place of Birth \_\_\_\_\_

County of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Marital Status \_\_\_\_\_

Religion \_\_\_\_\_

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Place of Birth \_\_\_\_\_

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County of Birth \_\_\_\_\_

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. Do56-166  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Audrey Wyant</u>		2. Date (month) (day) (year) Sept. 23 1897	
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth a. County <u>Lemhi</u>	b. City or Town of Birth <u>Salmon</u>
FATHER	6. Full Name of Father <u>Clarence M. Wyant</u>		7. State or Country of Father's Birth <u>Montana</u>	
MOTHER	8. Full Maiden Name of Mother <u>Ella Stotler</u>		9. State or Country of Mother's Birth <u>Nebraska</u>	
AFFIDAVIT	1. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <u>Audrey Wyant Feaglin</u>	
NOTARY (Seal)	11. Present Address of Registrant <u>Wallace Idaho</u>		12. Signature of Notary <u>W. C. Winick</u>	
	13. Notary Commission expires <u>Oct. 21 1958</u>			

APPLICANT - DO NOT WRITE BELOW THIS LINE				
SUPPORTING RECORD 1.	Type of Document <u>STATEMENT RE SCHOOL RECORDS</u>		By whom issued and signed <u>Office of the County Superintendent Lemhi County, Salmon</u>	Date issued <u>6-10-53</u>
	Date of Birth <u>September 23, 1897</u>	Birth Place <u>Salmon, Idaho</u>	Full Name of Mother <u>Ella Stotler Wyant</u>	Name of Father <u>Clarence Wyant</u>
SUPPORTING RECORD 2.	Type of Document <u>AFFIDAVIT BY FRIEND OF FAMILY</u>		By whom issued and signed <u>NORA WHITWELL Salmon, Idaho</u>	Date issued <u>6-30-53</u>
	Date of Birth <u>September 23, 1897</u>	Birth Place <u>Salmon, Idaho Lemhi County</u>	Full Name of Mother <u>Ella Stotler Wyant</u>	Name of Father <u>Clarence Wyant</u>
SUPPORTING RECORD 3.	Type of Document <u>Bible record</u>		By whom issued and signed <u>viewed by Charles Herndon, Notary, Salmon</u>	Date issued <u>6-30-53</u>
	Date of Birth <u>September 23, 1897</u>	Birth Place <u>Salmon, Idaho</u>	Full Name of Mother <u>Ella Stotler Wyant</u>	Name of Father <u>Clarence Wyant</u>
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Betty Waller</u>	Date Filed <u>February 20 1956</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

1935



Form 100-1 (Rev. 1-25-34)

1. Name of Subject: John Edgar Hoover

2. Date of Birth: 1-20-1895

3. Place of Birth: Washington, D.C.

4. Sex: Male

5. Race: White

6. Height: 5' 10"

7. Weight: 175

8. Eyes: Blue

9. Hair: Dark

10. Complexion: Fair

11. Present Address: Washington, D.C.

12. Previous Address: Washington, D.C.

13. Date of Entry: 11-11-35

14. Date of Release: 11-11-35

15. Name of Agent: John Edgar Hoover

16. Title of Agent: Director

17. Name of Office: Federal Bureau of Investigation

18. Title of Office: Director

19. Name of Division: Administrative

20. Title of Division: Administrative

21. Name of Section: Records and Communications

22. Title of Section: Records and Communications

23. Name of Unit: Records and Communications

24. Title of Unit: Records and Communications

25. Name of Subunit: Records and Communications

26. Title of Subunit: Records and Communications

27. Name of Agent: John Edgar Hoover

28. Title of Agent: Director

29. Name of Office: Federal Bureau of Investigation

30. Title of Office: Director

31. Name of Division: Administrative

32. Title of Division: Administrative

33. Name of Section: Records and Communications

34. Title of Section: Records and Communications

35. Name of Unit: Records and Communications

36. Title of Unit: Records and Communications

37. Name of Subunit: Records and Communications

38. Title of Subunit: Records and Communications

39. Name of Agent: John Edgar Hoover

40. Title of Agent: Director

41. Name of Office: Federal Bureau of Investigation

42. Title of Office: Director

43. Name of Division: Administrative

44. Title of Division: Administrative

45. Name of Section: Records and Communications

46. Title of Section: Records and Communications

47. Name of Unit: Records and Communications

48. Title of Unit: Records and Communications

49. Name of Subunit: Records and Communications

50. Title of Subunit: Records and Communications

Form 100-1 (Rev. 1-25-34)

1. Name of Subject: John Edgar Hoover

2. Date of Birth: 1-20-1895

3. Place of Birth: Washington, D.C.

4. Sex: Male

5. Race: White

6. Height: 5' 10"

7. Weight: 175

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9. Hair: Dark

10. Complexion: Fair

11. Present Address: Washington, D.C.

12. Previous Address: Washington, D.C.

13. Date of Entry: 11-11-35

14. Date of Release: 11-11-35

15. Name of Agent: John Edgar Hoover

16. Title of Agent: Director

17. Name of Office: Federal Bureau of Investigation

18. Title of Office: Director

19. Name of Division: Administrative

20. Title of Division: Administrative

21. Name of Section: Records and Communications

22. Title of Section: Records and Communications

23. Name of Unit: Records and Communications

24. Title of Unit: Records and Communications

25. Name of Subunit: Records and Communications

26. Title of Subunit: Records and Communications

27. Name of Agent: John Edgar Hoover

28. Title of Agent: Director

29. Name of Office: Federal Bureau of Investigation

30. Title of Office: Director

31. Name of Division: Administrative

32. Title of Division: Administrative

33. Name of Section: Records and Communications

34. Title of Section: Records and Communications

35. Name of Unit: Records and Communications

36. Title of Unit: Records and Communications

37. Name of Subunit: Records and Communications

38. Title of Subunit: Records and Communications

39. Name of Agent: John Edgar Hoover

40. Title of Agent: Director

41. Name of Office: Federal Bureau of Investigation

42. Title of Office: Director

43. Name of Division: Administrative

44. Title of Division: Administrative

45. Name of Section: Records and Communications

46. Title of Section: Records and Communications

47. Name of Unit: Records and Communications

48. Title of Unit: Records and Communications

49. Name of Subunit: Records and Communications

50. Title of Subunit: Records and Communications

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Franklin Thomas Norton</u>					2. Date (month) (day) (year) Of Birth <u>March 26 1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Idaho Falls</u>	a. County <u>Bonanza</u>	b. City or Town of Birth <u>Iona</u>			
FATHER	6. Full Name of Father <u>John Franklin Norton</u>					7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Margaret Williams</u>					9. State or Country of Mother's Birth <u>Idaho</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Frank T. Norton</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 27 1956</u>					11. Present Address of Registrant <u>567 - E. 1st St.</u>		
	12. Signature of Notary <u>Will E. Hain</u>					13. Notary Commission expires <u>3-25 1957</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Church Record</u>		By whom issued and signed <u>Evan H. Cowley, Ward Clerk</u>	Date issued <u>Feb. 25, 1956</u>	Date Orig. Entry <u>Feb. 25, 1956</u>
	Date of Birth <u>Mar. 26, 1897</u>	Birth Place <u>Iona, Idaho</u>	Full Name of Mother <u>Margaret Williams</u>	Name of Father <u>John F. Norton</u>	
SUPPORTING RECORD 2.	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Bureau of Vital Statistics</u>	Date issued <u>6/18/35</u>	Date Orig. Entry <u>6/18/35</u>
	Date of Birth <u>Age 38</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>New York State</u>	Date issued <u>Mar. 9, 1923</u>	Date Orig. Entry <u>Mar. 9, 1923</u>
	Date of Birth <u>Mar. 26, 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>Will E. Hain</u>		Evidence reviewed by <u>Verna Reisch</u>	Date Filed <u>Feb. 27, 1956</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De56-233  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Carl Bertrand Joplin</b>				2. Date (month) (day) (year) Of Birth <b>April 26 1897</b>			
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Boise, Idaho</b>	a. County <b>Ada</b>	b. City or Town of Birth <b>Boise, Idaho</b>			
FATHER	6. Full Name of Father <b>William H. Joplin</b>				7. State or Country of Father's Birth <b>West Virginia</b>			
MOTHER	8. Full Maiden Name of Mother <b>Sonora A. Allen</b>				9. State or Country of Mother's Birth <b>North Carolina</b>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Carl B. Joplin</i>			
NOTARY (Seal)	11. Present Address of Registrant <b>Box 95, Rio Dell, Calif.</b>				12. Signature of Notary <i>W. Anderson</i>			
	13. Notary Commission expires <b>Dec 29 1955</b>				13. Notary Commission expires <b>Nov 9 1957</b>			

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <b>AFFIDAVIT BY OLDER BROTHER</b>		By whom issued and signed <b>William Anderson Joplin</b>		Date issued <b>12-29-55</b>		Date Orig. Entry
	Date of Birth <b>April 26 1897</b>	Birth Place <b>Boise, Idaho Ada County</b>	Full Name of Mother <b>Sonora A. Joplin</b>		Name of Father <b>William H. Joplin</b>		
SUPPORTING RECORD 2.	Type of Document <b>HONORABLE DISCHARGE MILITARY RECORD</b>		By whom issued and signed <b>UNITED STATES ARMY</b>		Date issued <b>5-27-25</b>		Date Orig. Entry <b>enlisted Sept. 19, 1917</b>
	Date of Birth <b>21 years old</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother		Name of Father		
SUPPORTING RECORD 3.	Type of Document <b># Z 702332 OPERATOR'S LICENSE</b>		By whom issued and signed <b>STATE OF CALIFORNIA Division of Drivers Licenses</b>		Date issued <b>2-17-56</b>		Date Orig. Entry <b>issued Feb. 8, 1952</b>
	Date of Birth <b>April 26 1897</b>	Birth Place	Full Name of Mother		Name of Father		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <i>W. Benson</i>			Evidence reviewed by <b>Betty Waller</b>		Date Filed <b>March 9, 1956</b>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

MAR 12 1966



William H. Jolly

Robert A. Jolly

John H. Jolly

John H. Jolly

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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Henrietta Dorothy Shafer</b>				2. Date (month) (day) (year) Of Birth <b>Dec. 14 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth a. County <b>Boise, Idaho Ada</b>		b. City or Town of Birth <b>Boise</b>	
FATHER	6. Full Name of Father <b>Joseph Henry Shafer</b>				7. State or Country of Father's Birth <b>Iowa</b>	
MOTHER	8. Full Maiden Name of Mother <b>Iva Viola Aiken</b>				9. State or Country of Mother's Birth <b>Washington</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Henrietta Dorothy Shafer</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>March 12th 1956</b>				11. Present Address of Registrant <b>1409 N. 12th St. Boise, Idaho</b>	
	12. Signature of Notary <i>H. H. Greene</i>				13. Notary Commission expires <b>Jan 18 1960</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Child's birth certificate</b>		By whom issued and signed <b>Bureau of Vital Statistics Idaho State File #120700</b>		Date issued <b>Mch 27, 1924</b>
	Date of Birth <b>Dec. 14, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Iva Viola Shafer</b>		Date Orig. Entry <b>March 27, 1924</b>
Class* <b>B</b>	Age <b>26</b>				Name of Father <b>J. H. Shafer</b>
SUPPORTING RECORD 2.	Type of Document <b>School Record</b>		By whom issued and signed <b>L. A. Wood, Principal Boise Senior High School</b>		Date issued <b>Mar. 15, 1956</b>
	Date of Birth <b>Dec. 14, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Iva Viola Shafer</b>		Date Orig. Entry <b>Sept. 4, 1913</b>
Class <b>B</b>					Name of Father <b>J. H. Shafer</b>
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by Mother</b>		By whom issued and signed <b>Iva Viola Shafer - Mother</b>		Date issued <b>Mar. 12, 1956</b>
	Date of Birth <b>Dec. 14, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Iva Viola Shafer</b>		Date Orig. Entry <b>Mar. 12, 1956</b>
Class <b>B</b>					Name of Father <b>Joseph Henry Shafer</b>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>Verna Reisch</b>		Date Filed <b>March 16, 1956</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



*Irene Ada Powell*

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Irene Ada Powell</i>				2. Date (month) (day) (year) Of Birth <i>Mar. 1 1897</i>	
	3. Color or Race <i>white</i>	4. Sex <i>F</i>	5. Place of Birth <i>Boise</i>	a. County <i>Ada</i>	b. City or Town of Birth <i>Boise Idaho</i>	
FATHER	6. Full Name of Father <i>Joseph Nicholas Powell</i>				7. State or Country of Father's Birth <i>Linn from Iowa</i>	
MOTHER	8. Full Maiden Name of Mother <i>Josephine Annetta Anderson</i>				9. State or Country of Mother's Birth <i>Chicago Ill.</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Irene Ada Powell</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 26 1956</i>				11. Present Address of Registrant <i>Meridian Idaho</i>	
	12. Signature of Notary <i>Therese S. Duggins</i>				13. Notary Commission expires <i>Aug 1 1957</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-  Class* <u>B</u>	Type of Document <i>Child's birth certificate</i>	By whom issued and signed <i>Bureau of Vital Statistics Idaho State File #115887</i>	Date issued <i>Oct. 7, 1923</i>	Date Orig. Entry <i>Oct. 7, 1923</i>
	Date of Birth <i>Age 26</i> Birth Place <i>Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <i>Insurance Policy</i>	By whom issued and signed <i>Boise, Idaho Idaho Mutual Benefit Association</i>	Date issued <i>Dec. 6, 1946</i>	Date Orig. Entry <i>Dec. 6, 1946</i>
	Date of Birth <i>Mar. 1, 1897</i> Birth Place <i>Boise, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-  Class <u>A</u>	Type of Document <i>Certificate of Baptism</i>	By whom issued and signed <i>Otto C. Ortisin, Pastor Luthern Church</i>	Date issued <i>June 6, 1897</i>	Date Orig. Entry <i>Mar. 1, 1897</i>
	Date of Birth <i>Mar. 1, 1897</i> Birth Place	Full Name of Mother <i>Josephine Powell</i>	Name of Father <i>Joseph Powell</i>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by <i>Verna Reisch</i>	Date Filed <i>March 26, 1956</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF ADOPTION

STATE OF TEXAS

MAR 26 1900



1. Name of child	2. Name of mother	3. Name of father
4. Date of birth	5. Place of birth	6. Date of adoption
7. Name of child	8. Name of mother	9. Name of father
10. Date of birth	11. Place of birth	12. Date of adoption
13. Name of child	14. Name of mother	15. Name of father
16. Date of birth	17. Place of birth	18. Date of adoption
19. Name of child	20. Name of mother	21. Name of father
22. Date of birth	23. Place of birth	24. Date of adoption
25. Name of child	26. Name of mother	27. Name of father
28. Date of birth	29. Place of birth	30. Date of adoption
31. Name of child	32. Name of mother	33. Name of father
34. Date of birth	35. Place of birth	36. Date of adoption
37. Name of child	38. Name of mother	39. Name of father
40. Date of birth	41. Place of birth	42. Date of adoption
43. Name of child	44. Name of mother	45. Name of father
46. Date of birth	47. Place of birth	48. Date of adoption
49. Name of child	50. Name of mother	51. Name of father
52. Date of birth	53. Place of birth	54. Date of adoption
55. Name of child	56. Name of mother	57. Name of father
58. Date of birth	59. Place of birth	60. Date of adoption
61. Name of child	62. Name of mother	63. Name of father
64. Date of birth	65. Place of birth	66. Date of adoption
67. Name of child	68. Name of mother	69. Name of father
70. Date of birth	71. Place of birth	72. Date of adoption
73. Name of child	74. Name of mother	75. Name of father
76. Date of birth	77. Place of birth	78. Date of adoption
79. Name of child	80. Name of mother	81. Name of father
82. Date of birth	83. Place of birth	84. Date of adoption
85. Name of child	86. Name of mother	87. Name of father
88. Date of birth	89. Place of birth	90. Date of adoption
91. Name of child	92. Name of mother	93. Name of father
94. Date of birth	95. Place of birth	96. Date of adoption
97. Name of child	98. Name of mother	99. Name of father
100. Date of birth	101. Place of birth	102. Date of adoption

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De56-354  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>CLARENCE BOLTON</u>			2. Date (month) (day) (year) Of Birth <u>DECEMBER 23 1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>IDAHO BEAR LAKE</u>	b. City or Town of Birth <u>PARIS</u>		
FATHER	6. Full Name of Father <u>Frank Bolton</u>			7. State or Country of Father's Birth <u>Williamsburg New York</u>		
MOTHER	8. Full Maiden Name of Mother <u>Zillah Humphreys</u>			9. State or Country of Mother's Birth <u>Paris, Idaho.</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Clarence Bolton</u>		11. Present Address of Registrant <u>Conda Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 28 1956</u>			12. Signature of Notary <u>M.C. Gill</u>		13. Notary Commission expires <u>July 9 1956</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>CHURCH RECORD</u>		By whom issued and signed <u>L.D.S. CHURCH</u>		Date issued _____ Date Orig. Entry <u>baptized May 5, 1906</u>
	Date of Birth <u>December 23, 1897</u>	Birth Place <u>Paris, Idaho Bear Lake County</u>	Full Name of Mother <u>Zillah Ann Humphrerys</u>		Name of Father <u>Frank Bolton</u>
SUPPORTING RECORD 2.	Type of Document <u>CHURCH RECORD</u>		By whom issued and signed <u>L.D.S. CHURCH</u>		Date issued _____ Date Orig. Entry <u>ordained Dec. 13, 1909</u>
	Date of Birth <u>December 23, 1897</u>	Birth Place <u>Paris, Idaho Bear Lake County</u>	Full Name of Mother <u>Zillah Humpherys</u>		Name of Father <u>Frank Bolton</u>
SUPPORTING RECORD 3.	Type of Document <u>APPLICATION FOR INSURANCE</u>		By whom issued and signed <u>BENEFICIAL PROTECTIVE ASSOCIATION, #A-1879</u>		Date issued _____ Date Orig. Entry <u>August 7 1933</u>
	Date of Birth <u>December 23, 1897</u>	Birth Place <u>Paris, Idaho</u>	Full Name of Mother <u>Frank Bolton</u>		Name of Father <u>Frank Bolton</u>

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. Benson</u>	Evidence reviewed by <u>bw Betty Waller</u>	Date Filed <u>April 5, 1956</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# STATE OF IOWA DELAYED CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
 Local Reg. No. \_\_\_\_\_

Birth of child \_\_\_\_\_  
 Date of birth \_\_\_\_\_

1. Name of child at birth		2. Sex		3. Date of birth		4. Place of birth		5. Name of father		6. Name of mother		7. Name of child at birth		8. Sex		9. Date of birth		10. Place of birth		11. Name of father		12. Name of mother	
13. Name of child at birth		14. Sex		15. Date of birth		16. Place of birth		17. Name of father		18. Name of mother		19. Name of child at birth		20. Sex		21. Date of birth		22. Place of birth		23. Name of father		24. Name of mother	
25. Name of child at birth		26. Sex		27. Date of birth		28. Place of birth		29. Name of father		30. Name of mother		31. Name of child at birth		32. Sex		33. Date of birth		34. Place of birth		35. Name of father		36. Name of mother	
37. Name of child at birth		38. Sex		39. Date of birth		40. Place of birth		41. Name of father		42. Name of mother		43. Name of child at birth		44. Sex		45. Date of birth		46. Place of birth		47. Name of father		48. Name of mother	
49. Name of child at birth		50. Sex		51. Date of birth		52. Place of birth		53. Name of father		54. Name of mother		55. Name of child at birth		56. Sex		57. Date of birth		58. Place of birth		59. Name of father		60. Name of mother	
61. Name of child at birth		62. Sex		63. Date of birth		64. Place of birth		65. Name of father		66. Name of mother		67. Name of child at birth		68. Sex		69. Date of birth		70. Place of birth		71. Name of father		72. Name of mother	
73. Name of child at birth		74. Sex		75. Date of birth		76. Place of birth		77. Name of father		78. Name of mother		79. Name of child at birth		80. Sex		81. Date of birth		82. Place of birth		83. Name of father		84. Name of mother	
85. Name of child at birth		86. Sex		87. Date of birth		88. Place of birth		89. Name of father		90. Name of mother		91. Name of child at birth		92. Sex		93. Date of birth		94. Place of birth		95. Name of father		96. Name of mother	
97. Name of child at birth		98. Sex		99. Date of birth		100. Place of birth		101. Name of father		102. Name of mother		103. Name of child at birth		104. Sex		105. Date of birth		106. Place of birth		107. Name of father		108. Name of mother	

109. Name of child at birth		110. Sex		111. Date of birth		112. Place of birth		113. Name of father		114. Name of mother		115. Name of child at birth		116. Sex		117. Date of birth		118. Place of birth		119. Name of father		120. Name of mother	
121. Name of child at birth		122. Sex		123. Date of birth		124. Place of birth		125. Name of father		126. Name of mother		127. Name of child at birth		128. Sex		129. Date of birth		130. Place of birth		131. Name of father		132. Name of mother	
133. Name of child at birth		134. Sex		135. Date of birth		136. Place of birth		137. Name of father		138. Name of mother		139. Name of child at birth		140. Sex		141. Date of birth		142. Place of birth		143. Name of father		144. Name of mother	
145. Name of child at birth		146. Sex		147. Date of birth		148. Place of birth		149. Name of father		150. Name of mother		151. Name of child at birth		152. Sex		153. Date of birth		154. Place of birth		155. Name of father		156. Name of mother	
157. Name of child at birth		158. Sex		159. Date of birth		160. Place of birth		161. Name of father		162. Name of mother		163. Name of child at birth		164. Sex		165. Date of birth		166. Place of birth		167. Name of father		168. Name of mother	
169. Name of child at birth		170. Sex		171. Date of birth		172. Place of birth		173. Name of father		174. Name of mother		175. Name of child at birth		176. Sex		177. Date of birth		178. Place of birth		179. Name of father		180. Name of mother	
181. Name of child at birth		182. Sex		183. Date of birth		184. Place of birth		185. Name of father		186. Name of mother		187. Name of child at birth		188. Sex		189. Date of birth		190. Place of birth		191. Name of father		192. Name of mother	
193. Name of child at birth		194. Sex		195. Date of birth		196. Place of birth		197. Name of father		198. Name of mother		199. Name of child at birth		200. Sex		201. Date of birth		202. Place of birth		203. Name of father		204. Name of mother	

205. Name of child at birth		206. Sex		207. Date of birth		208. Place of birth		209. Name of father		210. Name of mother		211. Name of child at birth		212. Sex		213. Date of birth		214. Place of birth		215. Name of father		216. Name of mother	
217. Name of child at birth		218. Sex		219. Date of birth		220. Place of birth		221. Name of father		222. Name of mother		223. Name of child at birth		224. Sex		225. Date of birth		226. Place of birth		227. Name of father		228. Name of mother	
229. Name of child at birth		230. Sex		231. Date of birth		232. Place of birth		233. Name of father		234. Name of mother		235. Name of child at birth		236. Sex		237. Date of birth		238. Place of birth		239. Name of father		240. Name of mother	
241. Name of child at birth		242. Sex		243. Date of birth		244. Place of birth		245. Name of father		246. Name of mother		247. Name of child at birth		248. Sex		249. Date of birth		250. Place of birth		251. Name of father		252. Name of mother	
253. Name of child at birth		254. Sex		255. Date of birth		256. Place of birth		257. Name of father		258. Name of mother		259. Name of child at birth		260. Sex		261. Date of birth		262. Place of birth		263. Name of father		264. Name of mother	
265. Name of child at birth		266. Sex		267. Date of birth		268. Place of birth		269. Name of father		270. Name of mother		271. Name of child at birth		272. Sex		273. Date of birth		274. Place of birth		275. Name of father		276. Name of mother	
277. Name of child at birth		278. Sex		279. Date of birth		280. Place of birth		281. Name of father		282. Name of mother		283. Name of child at birth		284. Sex		285. Date of birth		286. Place of birth		287. Name of father		288. Name of mother	
289. Name of child at birth		290. Sex		291. Date of birth		292. Place of birth		293. Name of father		294. Name of mother		295. Name of child at birth		296. Sex		297. Date of birth		298. Place of birth		299. Name of father		300. Name of mother	

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De56-487  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Sarah Jane Ricks (TWIN)</b>				2. Date of Birth 1 31 1897			
	3. Color or Race White	4. Sex F	5. Place of Birth At home		a. County Fremont		b. City or Town of Birth Rexburg, Idaho	
FATHER	6. Full Name of Father William Ricks				7. State or Country of Father's Birth Logan, Utah			
MOTHER	8. Full Maiden Name of Mother Sarah Ellen Harris				9. State or Country of Mother's Birth Pleasant Grove, Utah			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Sarah Jane Ricks Smith</i>		11. Present Address of Registrant 235 Presidio Ave San Francisco 15, California	
NOTARY (Seal)	Subscribed and sworn to before me on June 20, 1955				12. Signature of Notary <i>Lincoln A. Trimble</i>		13. Notary Commission expires October 3, 1955	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document church record		By whom issued and signed L.D.S. Church Salt Lake City, Utah		Date issued 8-28-53	Date Orig. Entry baptized April 2, 1905
	Date of Birth January 31, 1897	Birth Place Rexburg, Idaho Fremont County	Full Name of Mother Sarah E. Harris		Name of Father William Ricks	
SUPPORTING RECORD 2-	Type of Document affidavit by aunt		By whom issued and signed E. Jane Rigby Rexburg, Idaho		Date issued 8-7-50	Date Orig. Entry
	Date of Birth January 31, 1897	Birth Place Rexburg, Idaho Fremont County	Full Name of Mother Sarah Ellen Harris		Name of Father William Ricks	
SUPPORTING RECORD 3-	Type of Document census record		By whom issued and signed Department of Commerce Bureau of the Census		Date issued 7-30-55	Date Orig. Entry Census of 1900 June 1
	Date of Birth 3 years old January, 1897	Birth Place Idaho	Full Name of Mother Sarah Ellen Ricks		Name of Father William A. Ricks	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by Betty Waller	Date Filed May 8, 1956

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

6561 6 MAY

DATE OF BIRTH	1897	DATE OF BIRTH	1897
MONTH	1	MONTH	1
DAY	31	DAY	31
PLACE OF BIRTH	At home	PLACE OF BIRTH	At home
NAME OF FATHER	William Hicks	NAME OF FATHER	William Hicks
NAME OF MOTHER	Sarah Ellen Harris	NAME OF MOTHER	Sarah Ellen Harris
NAME OF CHILD	William Hicks	NAME OF CHILD	William Hicks
DATE OF DEATH		DATE OF DEATH	
PLACE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		CAUSE OF DEATH	
DATE OF BURIAL		DATE OF BURIAL	
PLACE OF BURIAL		PLACE OF BURIAL	
DATE OF INTERMENT		DATE OF INTERMENT	
PLACE OF INTERMENT		PLACE OF INTERMENT	
DATE OF CREMATION		DATE OF CREMATION	
PLACE OF CREMATION		PLACE OF CREMATION	
DATE OF TRANSFER		DATE OF TRANSFER	
PLACE OF TRANSFER		PLACE OF TRANSFER	
DATE OF RETURN		DATE OF RETURN	
PLACE OF RETURN		PLACE OF RETURN	
DATE OF DEATH		DATE OF DEATH	
PLACE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		CAUSE OF DEATH	
DATE OF BURIAL		DATE OF BURIAL	
PLACE OF BURIAL		PLACE OF BURIAL	
DATE OF INTERMENT		DATE OF INTERMENT	
PLACE OF INTERMENT		PLACE OF INTERMENT	
DATE OF CREMATION		DATE OF CREMATION	
PLACE OF CREMATION		PLACE OF CREMATION	
DATE OF TRANSFER		DATE OF TRANSFER	
PLACE OF TRANSFER		PLACE OF TRANSFER	
DATE OF RETURN		DATE OF RETURN	
PLACE OF RETURN		PLACE OF RETURN	

DATE OF BIRTH	1897	DATE OF BIRTH	1897
MONTH	1	MONTH	1
DAY	31	DAY	31
PLACE OF BIRTH	At home	PLACE OF BIRTH	At home
NAME OF FATHER	William Hicks	NAME OF FATHER	William Hicks
NAME OF MOTHER	Sarah Ellen Harris	NAME OF MOTHER	Sarah Ellen Harris
NAME OF CHILD	William Hicks	NAME OF CHILD	William Hicks
DATE OF DEATH		DATE OF DEATH	
PLACE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		CAUSE OF DEATH	
DATE OF BURIAL		DATE OF BURIAL	
PLACE OF BURIAL		PLACE OF BURIAL	
DATE OF INTERMENT		DATE OF INTERMENT	
PLACE OF INTERMENT		PLACE OF INTERMENT	
DATE OF CREMATION		DATE OF CREMATION	
PLACE OF CREMATION		PLACE OF CREMATION	
DATE OF TRANSFER		DATE OF TRANSFER	
PLACE OF TRANSFER		PLACE OF TRANSFER	
DATE OF RETURN		DATE OF RETURN	
PLACE OF RETURN		PLACE OF RETURN	

DATE OF BIRTH	1897	DATE OF BIRTH	1897
MONTH	1	MONTH	1
DAY	31	DAY	31
PLACE OF BIRTH	At home	PLACE OF BIRTH	At home
NAME OF FATHER	William Hicks	NAME OF FATHER	William Hicks
NAME OF MOTHER	Sarah Ellen Harris	NAME OF MOTHER	Sarah Ellen Harris
NAME OF CHILD	William Hicks	NAME OF CHILD	William Hicks
DATE OF DEATH		DATE OF DEATH	
PLACE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		CAUSE OF DEATH	
DATE OF BURIAL		DATE OF BURIAL	
PLACE OF BURIAL		PLACE OF BURIAL	
DATE OF INTERMENT		DATE OF INTERMENT	
PLACE OF INTERMENT		PLACE OF INTERMENT	
DATE OF CREMATION		DATE OF CREMATION	
PLACE OF CREMATION		PLACE OF CREMATION	
DATE OF TRANSFER		DATE OF TRANSFER	
PLACE OF TRANSFER		PLACE OF TRANSFER	
DATE OF RETURN		DATE OF RETURN	
PLACE OF RETURN		PLACE OF RETURN	

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De56-521  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Marie Berg</b>				2. Date (month) (day) (year) Of Birth <b>March 24 1897</b>		
	3. Color or Race <b>W</b>	4. Sex <b>F</b>	5. Place of Birth <b>Deary</b>	a. County <b>Latah</b>	b. City or Town of Birth <b>Deary, Idaho</b>		
FATHER	6. Full Name of Father <b>Andrew Berg</b>				7. State or Country of Father's Birth <b>Minnesota</b>		
MOTHER	8. Full Maiden Name of Mother <b>Nellie Veum</b>				9. State or Country of Mother's Birth <b>Minnesota</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Marie Berg Eberlein</i>		11. Present Address of Registrant <b>14930 2nd Ave Spokane, Washington</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>May 12 1956</b>				12. Signature of Notary <i>Earl E. Stinson</i>		13. Notary Commission expires <b>Nov. 24, 1957</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <b>affidavit by friend of family</b>		By whom issued and signed <b>R. H. Eaton Spokane, Washington</b>		Date issued <b>5-12-56</b>	Date Orig. Entry	
	Date of Birth <b>March 24 1897</b>	Birth Place <b>Deary, Idaho Latah County</b>	Full Name of Mother <b>Nellie Berg</b>		Name of Father <b>Andrew Berg</b>		
SUPPORTING RECORD 2.	Type of Document <b>Marriage License</b>		By whom issued and signed <b>State of North Dakota County of Grand Forks</b>		Date issued	Date Orig. Entry <b>December 17 1921</b>	
	Date of Birth <b>24 years old</b>	Birth Place	Full Name of Mother		Name of Father		
SUPPORTING RECORD 3.	Type of Document <b>statement re insurance record</b>		By whom issued and signed <b>PRUDENTIAL INSURANCE CO. of America #M1023 919</b>		Date issued	Date Orig. Entry <b>applied July 26, 1930</b>	
	Date of Birth <b>March 24 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)							
State Registrar <i>W W Benson</i>			Evidence reviewed by <b>Betty Waller</b>			Date Filed <b>May 18, 1956</b>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

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# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De56-615  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>RALPH SPAULDING GRAHAM</u>				2. Date (month) (day) (year) of Birth <u>JUNE</u> <u>15</u> <u>1897</u>		
	3. Color or Race	4. Sex <u>male</u>	5. Place of Birth <u>IDAHO</u>	a. County <u>BLAINE</u>	b. City or Town of Birth <u>CARY</u>		
FATHER	6. Full Name of Father <u>William David Graham</u>				7. State or Country of Father's Birth <u>California, Humboldt</u>		
MOTHER	8. Full Maiden Name of Mother <u>Rowena Scott Decator</u>				9. State or Country of Mother's Birth <u>Rhod Island</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Ralph S. Graham</u>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 25</u> <u>1956</u>				12. Signature of Notary <u>Heleen M. Macmahon</u>		13. Notary Commission expires My Commission Expires Jan. <u>26</u> 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document <u>AFFIDAVIT BY OLDER SISTER</u>		By whom issued and signed <u>GRACE GRAHAM YATES</u> <u>Hayward, California</u>		Date issued <u>3-7-56</u>	Date Orig. Entry	
	Class* <u>B</u>	Date of Birth <u>June 15</u> <u>1897</u>	Birth Place <u>Cary, Idaho</u> <u>Blaine County</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2-	Type of Document <u>712-09-3146</u> <u>application for Social</u> <u>Security number</u>		By whom issued and signed <u>Form CER-1 Carrier</u> <u>Employee Registration</u>		Date issued	Date Orig. Entry <u>applied</u> <u>Jan. 2, 1937</u>	
	Class <u>B</u>	Date of Birth <u>June 15</u> <u>1897</u>	Birth Place <u>Blaine County</u> <u>Idaho</u>	Full Name of Mother <u>Rowena Scott Decator</u>		Name of Father <u>William David Graham</u>	
SUPPORTING RECORD 3-	Type of Document <u>census record</u>		By whom issued and signed <u>Department of Commerce</u> <u>Bureau of the Census</u>		Date issued <u>4-30-56</u>	Date Orig. Entry <u>Census of 1900</u> <u>June 1</u>	
	Class <u>B</u>	Date of Birth <u>2 years old</u> <u>June, 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Rowena Graham</u>		Name of Father <u>William D. Graham</u>	
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)							
State Registrar <u>W. W. Benson</u>			Evidence reviewed by bw <u>Betty Waller</u>			Date Filed <u>June 11, 1956</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Minnie Mae Edwards</u>					2. Date (month) (day) (year) Of Birth <u>January 16<sup>th</sup> 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Boise Idaho</u>	6. County <u>Ada</u>		7. City or Town of Birth <u>Boise City</u>	
FATHER	6. Full Name of Father <u>John W. Edwards</u>					7. State or Country of Father's Birth <u>Pennsylvania</u>	
MOTHER	8. Full Maiden Name of Mother <u>Minnie Belle Overholser</u>					9. State or Country of Mother's Birth <u>Kansas</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Minnie Mae Applegate</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 22 1955</u>					11. Present Address of Registrant <u>1104 Warm Springs Ave</u>	
						12. Signature of Notary <u>Marion Bagley</u>	
						13. Notary Commission expires <u>Jan. 24 1958</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Social Security Record</u>		By whom issued and signed <u>Treasury Department Internal Revenue Service</u>		Date issued <u>Nov. 21, 1950</u>	Date Orig. Entry <u>Nov. 21, 1950</u>
	Date of Birth <u>Jan. 16, 1897</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>Minnie Belle Overholser</u>		Name of Father <u>John W. Edwards</u>	
SUPPORTING RECORD 2.	Type of Document <u>Marriage Record</u>		By whom issued and signed <u>Register of Ada County</u>		Date issued <u>Feb. 17, 1953</u>	Date Orig. Entry <u>Sept. 1, 1917</u>
	Date of Birth <u>Age 20</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Bureau of the Census Department of Commerce</u>		Date issued <u>Aug. 27, 1955</u>	Date Orig. Entry <u>Census of 1900 Taken June 1</u>
	Date of Birth <u>Jan. 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Minnie Edwards</u>		Name of Father <u>John W. Edwards</u>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Verna Reisch</u>			Date Filed <u>June 25, 1956</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRATION

JUN 26 1956  
APR 27 1960

RECORDED  
INDEXED

RECORDED  
INDEXED

RECORDED  
INDEXED

Date Filed

Exemption from release

Exemption from release

1. The following information was obtained from the files of the Federal Bureau of Investigation (FBI) and is being furnished to you for your information. It is requested that you advise the FBI of any further information you may have regarding the above information.

2. The following information was obtained from the files of the Federal Bureau of Investigation (FBI) and is being furnished to you for your information. It is requested that you advise the FBI of any further information you may have regarding the above information.

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6. The following information was obtained from the files of the Federal Bureau of Investigation (FBI) and is being furnished to you for your information. It is requested that you advise the FBI of any further information you may have regarding the above information.

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De56-770  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Helestrude Frew</u>					2. Date (month) (day) (year) Of Birth <u>Mar.</u> <u>9</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Fem.</u>	5. Place of Birth <u>Oneida</u>		a. County <u>Franklin Idaho</u>			
FATHER	6. Full Name of Father <u>James Frew</u>					7. State or Country of Father's Birth <u>Scotland</u>		
MOTHER	8. Full Maiden Name of Mother <u>Ellen Woodward</u>					9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Helestrude Frew Parry</u>		11. Present Address of Registrant <u>125 East 4<sup>th</sup> North</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 14 - 1956</u>					12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>May 1 - 1957</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>affidavit by older sister</u>		By whom issued and signed <u>Mabel Frew Whittle</u> <u>Franklin County, Idaho</u>	Date issued <u>5-7-56</u>	Date Orig. Entry
	Date of Birth <u>March 9 1897</u>	Birth Place <u>Franklin, Idaho</u> <u>Oneida County</u>	Full Name of Mother <u>Ellen Woodward</u>	Name of Father <u>James Frew</u>	
SUPPORTING RECORD 2.	Type of Document <u>daughter's birth certificate</u>		By whom issued and signed <u>State of Idaho</u> <u>#47183</u>	Date issued	Date Orig. Entry <u>child born Jan. 6, 1917</u>
	Date of Birth <u>19 years old</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>application for insurance</u>		By whom issued and signed <u>Metropolitan Life Insurance Co.</u>	Date issued	Date Orig. Entry <u>applied April 28, 1937</u>
	Date of Birth <u>March 9 1897</u>	Birth Place <u>Franklin Idaho</u>	Full Name of Mother	Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W W Benson</u>	Evidence reviewed by <u>bw Betty Waller</u>	Date Filed <u>July 25, 1956</u>
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JUL 26 1966

1. Name of child: *Charles William*  
2. Sex: *Male*  
3. Date of birth: *July 26, 1966*  
4. Time of birth: *10:15 AM*  
5. Place of birth: *St. Louis, Missouri*  
6. Name of mother: *Elizabeth Ann*  
7. Name of father: *John Henry*  
8. Address of mother: *1234 Main St, St. Louis, MO 63101*  
9. Address of father: *5678 Oak St, St. Louis, MO 63102*  
10. Signature of mother: *[Signature]*  
11. Signature of father: *[Signature]*  
12. Signature of physician: *[Signature]*  
13. Signature of registrar: *[Signature]*

14. Date of registration: *July 26, 1966*  
15. Registrar's name: *[Name]*  
16. Registrar's title: *[Title]*  
17. Registrar's address: *[Address]*  
18. Registrar's phone: *[Phone]*  
19. Registrar's fax: *[Fax]*  
20. Registrar's email: *[Email]*  
21. Registrar's website: *[Website]*  
22. Registrar's social media: *[Social Media]*  
23. Registrar's contact information: *[Contact Info]*  
24. Registrar's office hours: *[Office Hours]*  
25. Registrar's jurisdiction: *[Jurisdiction]*  
26. Registrar's license number: *[License Number]*  
27. Registrar's expiration date: *[Expiration Date]*  
28. Registrar's renewal date: *[Renewal Date]*  
29. Registrar's training: *[Training]*  
30. Registrar's certification: *[Certification]*

31. Registrar's signature: *[Signature]*  
32. Registrar's stamp: *[Stamp]*  
33. Registrar's seal: *[Seal]*  
34. Registrar's logo: *[Logo]*  
35. Registrar's emblem: *[Emblem]*  
36. Registrar's crest: *[Crest]*  
37. Registrar's coat of arms: *[Coat of Arms]*  
38. Registrar's motto: *[Motto]*  
39. Registrar's slogan: *[Slogan]*  
40. Registrar's tagline: *[Tagline]*  
41. Registrar's slogan: *[Slogan]*  
42. Registrar's slogan: *[Slogan]*  
43. Registrar's slogan: *[Slogan]*  
44. Registrar's slogan: *[Slogan]*  
45. Registrar's slogan: *[Slogan]*

299-224-030-281 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. De56-831  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Olive Gladys Kirkham</u>				2. Date (month) (day) (year) of Birth <u>January</u> <u>24</u> , <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Lemhi</u>	a. County <u>Lemhi</u>	b. City or Town of Birth <u>Tendoy</u>		
FATHER	6. Full Name of Father <u>Robert Kirkham</u>				7. State or Country of Father's Birth <u>England</u>		
MOTHER	8. Full Maiden Name of Mother <u>Margaret Sharkey</u>				9. State or Country of Mother's Birth <u>Lemhi County, Idaho</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Olive G. Langfitt</i>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 21</u> 19 <u>56</u>				12. Signature of Notary <i>Federick Hughes Hook</i>		13. Notary Commission expires <u>September 21</u> 19 <u>59</u>

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>daughter's birth certificate</u>		By whom issued and signed <u>State of Idaho</u> <u>#148876</u>	Date issued <u>2-15-56</u>	Date Orig. Entry <u>child born</u> <u>Dec. 17, 1926</u>
	Date of Birth <u>29 years</u> <u>old</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>Marriage license</u>		By whom issued and signed <u>State of Idaho</u> <u>Lemhi County</u>	Date issued <u>2-6-56</u>	Date Orig. Entry <u>married</u> <u>12-19-1923</u>
	Date of Birth <u>26 years</u> <u>old</u>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Affidavit-neighbor</u>		By whom issued and signed <u>Salmon, Idaho</u> <u>Phoebe C. Pattee</u>	Date issued <u>August 6,</u>	Date Orig. Entry <u>1956</u>
	Date of Birth <u>January</u> <u>24, 1897</u>	Birth Place <u>Tendoy, Idaho</u>	Full Name of Mother <u>Margaret Sharkey</u>	Name of Father <u>Robert Kirkham</u>	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W. W. Benson</i>	Evidence reviewed by <u>bw Verna Reisch</u>	Date Filed <u>August 14, 1956</u>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH

## STATE OF IDAHO

AUG 14 1958

1. Full Name of Mother Mrs. [Name]	2. Full Name of Father Mr. [Name]	3. Date of Birth [Date]	4. Place of Birth [Place]	5. City or Town of Birth [City]	6. State or County of Father's Birth [State]
7. Present Address of Registrant [Address]			8. Present Address of Mother [Address]		
9. Present Address of Father [Address]			10. Signature of Registrant [Signature]		
11. Signature of Mother [Signature]			12. Signature of Father [Signature]		
13. Date of Birth [Date]			14. Date of Death [Date]		

15. Date of Birth [Date]	16. Date of Death [Date]	17. Name of Mother [Name]	18. Name of Father [Name]	19. Date of Birth [Date]	20. Date of Death [Date]
21. Name of Mother [Name]			22. Name of Father [Name]		
23. Date of Birth [Date]			24. Date of Death [Date]		
25. Name of Mother [Name]			26. Name of Father [Name]		
27. Date of Birth [Date]			28. Date of Death [Date]		

29. Date of Birth [Date]	30. Date of Death [Date]	31. Name of Mother [Name]	32. Name of Father [Name]	33. Date of Birth [Date]	34. Date of Death [Date]
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37. Date of Birth [Date]			38. Date of Death [Date]		
39. Name of Mother [Name]			40. Name of Father [Name]		
41. Date of Birth [Date]			42. Date of Death [Date]		

DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De56-846  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Claude Herd Orison			2. Date of Birth September 15, 1897	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Franklin	b. City or Town of Birth Franklin	
FATHER	6. Full Name of Father Samuel David Orison			7. State or Country of Father's Birth Utah	
MOTHER	8. Full Maiden Name of Mother Rebecca Herd			9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Claude Herd Orison</i>	
NOTARY (Seal)	Subscribed and sworn to before me on August 8, 1956			11. Present Address of Registrant 7 South Shilling, Blackfoot, Idaho	
	12. Signature of Notary <i>Earl H. Orin</i>			13. Notary Commission expires February 29, 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-  Class* B	Type of Document Lodge Record		By whom issued and signed Blackfoot, Idaho Elks Lodge No. 1416		Date issued Oct. 10, 55
	Date of Birth September 15, 1897	Birth Place Franklin, Idaho	Full Name of Mother		Date Orig. Entry Nov. 18, 1929
			Name of Father		
SUPPORTING RECORD 2-  Class B	Type of Document Affidavit by Neighbor		By whom issued and signed Blackfoot, Idaho Lutie C. Poulson		Date issued July 3, 1956
	Date of Birth September 15, 1897	Birth Place Franklin, Idaho	Full Name of Mother Rebecca Herd Orison		Date Orig. Entry Samuel David Orison
			Name of Father		
SUPPORTING RECORD 3-  Class B	Type of Document Insurance Policy		By whom issued and signed Boise, Idaho Idaho Mutual Benefit		Date issued 7-22-41
	Date of Birth Sept 15, 1897	Birth Place Franklin, Idaho	Full Name of Mother		Date Orig. Entry Name of Father

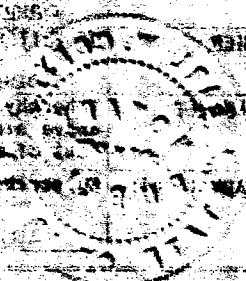
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Verna Reisch	Date Filed August 20, 1956

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

# STATE OF ILLINOIS DEPARTMENT OF HEALTH

AUG 20 1958

1. Name of Mother 2. Name of Father		3. Date of Birth 4. Place of Birth		5. Sex 6. Race	
7. State or County of Residence at Birth 8. State or County of Residence at Present		9. Signature of Mother 10. Signature of Father		11. Signature of Registrar 12. Signature of Physician	
13. Date of Birth 14. Place of Birth		15. Sex 16. Race		17. State or County of Residence at Birth 18. State or County of Residence at Present	
19. Date of Birth 20. Place of Birth		21. Sex 22. Race		23. State or County of Residence at Birth 24. State or County of Residence at Present	
25. Date of Birth 26. Place of Birth		27. Sex 28. Race		29. State or County of Residence at Birth 30. State or County of Residence at Present	



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De56-868  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Charles Irwin Duffy</b>				2. Date (month) (day) (year) Of Birth <b>September 16 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Washington</b>		b. City or Town of Birth <b>Weiser</b>	
FATHER	6. Full Name of Father <b>William Orville Duffy</b>				7. State or Country of Father's Birth <b>United States</b>	
MOTHER	8. Full Maiden Name of Mother <b>Anna McEwan</b>				9. State or Country of Mother's Birth <b>Scotland</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Charles Irwin Duffy</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Aug 20</i> 19 <i>56</i>				11. Present Address of Registrant <b>1865 Garrison Butte, Mont.</b>	
	12. Signature of Notary <i>Robert P. McEwan</i> State of <i>Montana</i>				13. Notary Commission expires <i>Sept. 9</i> 19 <i>58</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class* <u>B</u>	Type of Document <b>Marriage Certificate</b>		By whom issued and signed <b>Butte, Montana State of Montana</b>		Date Issued <b>March 9, 1923</b>	Date Orig. Entry
	Date of Birth <b>Age 26</b>	Birth Place <b>Weiser, Idaho</b>	Full Name of Mother <b>Anna McEwan</b>		Name of Father <b>W. O. Duffy</b>	
SUPPORTING RECORD 2.  Class <u>A</u>	Type of Document <b>Census Record</b>		By whom issued and signed <b>Washington 25, D.C. Bureau of the Census</b>		Date Issued <b>7-13-1956</b>	Date Orig. Entry <b>June 1 Census of 1900</b>
	Date of Birth <b>Sept 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Anna Duffy</b>		Name of Father <b>William O. Duffy</b>	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <b>School record</b>		By whom issued and signed <b>Butte, Montana Maybelle Hogan-Supt.</b>		Date Issued <b>6-7-1956</b>	Date Orig. Entry <b>1904</b>
	Date of Birth <b>September 16, 1897</b>	Birth Place	Full Name of Mother <b>Annie Duffy</b>		Name of Father <b>William Duffy</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. Benson</i>		Evidence reviewed by <b>vr Verna Reisch</b>			Date Filed <b>August 23, 1956</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

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U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

TO : DIRECTOR, FBI  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]

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ADMINISTRATIVE PAGE TWO

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993-131-022 RECEIVED DELAYED CERTIFICATE OF BIRTH  
 SEP 17 1956  
 STATE OF IDAHO

State File No. De56-964

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>James Henry Ricks (TWIN)</b>				2. Date (month) (day) (year) <b>1 31 1897</b>		
	3. Color or Race <b>W</b>	4. Sex <b>M</b>	5. Place of Birth <b>At home</b>	a. County <b>Fremont</b>	b. City or Town of Birth <b>Rexburg, Idaho</b>		
FATHER	6. Full Name of Father <b>William Ricks</b>				7. State or Country of Father's Birth <b>Logan, Utah</b>		
MOTHER	8. Full Maiden Name of Mother <b>Sarah Ellen Harris</b>				9. State or Country of Mother's Birth <b>Pleasant Grove, Utah</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>James Henry Ricks</i>		11. Present Address of Registrant <i>Sage City, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 5 1955</i>				12. Signature of Notary <i>Mary Smith</i>		13. Notary Commission expires <i>June 26 1955</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-  Class <u>B</u>	Type of Document <b>church record</b>		By whom issued and signed <b>L.D.S. Church</b>		Date issued <b>8-28-53</b>	Date Orig. Entry <b>baptized April 2, 1905</b>	
	Date of Birth <b>January 31, 1897</b>	Birth Place <b>Rexburg, Idaho</b>	Full Name of Mother <b>Sarah E. Harris</b>		Name of Father <b>William Ricks</b>		
SUPPORTING RECORD 2-  Class <u>A</u>	Type of Document <b>census record</b>		By whom issued and signed <b>Department of Commerce</b>		Date issued <b>6-11-55</b>	Date Orig. Entry <b>Census of 1900</b>	
	Date of Birth <b>3 years old</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Sarah Ellen Ricks</b>		Name of Father <b>William A. Ricks</b>		
SUPPORTING RECORD 3-  Class <u>B</u>	Type of Document <b>Affidavit by brother</b>		By whom issued and signed <b>Ezekiel Holman</b>		Date issued <b>September 10, 1956</b>	Date Orig. Entry	
	Date of Birth <b>January 31, 1897</b>	Birth Place <b>Rexburg, Idaho</b>	Full Name of Mother <b>Sarah Ellen Harris Ricks</b>		Name of Father <b>William Ricks</b>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)							
State Registrar <i>W W Benson</i>			Evidence reviewed by <b>bw Verna Reisch</b>			Date Filed <b>Sept. 18, 1956</b>	

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



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 SEP 27 1956  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho

DELETED  
 STATE OF IDAHO  
 STATE OF BIRTH

State File No. De56-1018  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrar's Full Signature at Birth <i>Charles Lewis Walton</i>				2. Date (month) (day) (year) Of Birth <i>March 26 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>LaBelle</i>	a. County <i>Madison</i>	b. City or Town of Birth <i>LaBelle - (Idaho)</i>	
FATHER	6. Full Name of Father <i>Charles Thomas Walton</i>				7. State or Country of Father's Birth <i>Utah</i>	
MOTHER	8. Full Maiden Name of Mother <i>Emily Eunice Fox</i>				9. State or Country of Mother's Birth <i>Idaho</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Charles Lewis Walton</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 31 1956</i>				11. Present Address of Registrant <i>667-First St. Idaho Falls-</i>	
					12. Signature of Notary <i>Gayle Hunt</i>	
					13. Notary Commission expires <i>Sept 1 1957</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <i>Church record</i>		By whom issued and signed <i>Jas J. Chandler L.B.S. Church</i>		Date Issued <i>Aug. 2, 1908</i>
	Date of Birth <i>Mar. 26, 1897</i>	Birth Place <i>LaBelle, Idaho</i>	Full Name of Mother <i>Emily Fox</i>		Date Orig. Entry <i>Aug. 2, 1908</i>
Class* <u>B</u>					Name of Father <i>Charles Walton</i>
SUPPORTING RECORD 2.	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>Metropolitan Life Ins.</i>		Date Issued <i>Sept. 25, 1934</i>
	Date of Birth <i>March 26, 1897</i>	Birth Place <i>LaBelle, Idaho</i>	Full Name of Mother		Date Orig. Entry
Class <u>B</u>					Name of Father
SUPPORTING RECORD 3.	Type of Document <i>Child's birth certificate</i>		By whom issued and signed <i>Idaho File #97805</i>		Date Issued <i>Sept. 28, 42</i>
	Date of Birth <i>Age 24</i>	Birth Place <i>Idaho</i>	Full Name of Mother		Date Orig. Entry <i>Oct. 12, 1921</i>
Class <u>B</u>					Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>vr Verna Wilson</i>	Date Filed <i>Oct. 3, 1956</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid



789-226-001-419

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De56-1034

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>EDNA MAY PHILLIPS</u>				2. Date of Birth (month) (day) (year) <u>May</u> <u>26</u> <u>1897</u>	
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Idaho, Ada</u>	a. County <u>Boise</u>		
FATHER	6. Full Name of Father <u>AARON MELVIN PHILLIPS</u>				7. State or Country of Father's Birth <u>Wisconsin</u>	
MOTHER	8. Full Maiden Name of Mother <u>MARY ANN MARIER</u>				9. State or Country of Mother's Birth <u>New York</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Edna May Osborne</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>August 16</u> 19 <u>56</u>				11. Present Address of Registrant <u>1760-7th Ave. Yuma Ariz.</u>	
	12. Signature of Notary <i>[Signature]</i>				13. Notary Commission expires <u>4/30/60</u> 19 <u>  </u>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class <u>B</u>	Type of Document <u>Social Security Record</u>		By whom issued and signed <u>Treasury Department</u>	Date issued <u>July 16,</u>	Date Orig. Entry <u>1953</u>
	Date of Birth <u>May 26, 1897</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>Mary Ann Marier</u>	Name of Father <u>Aaron M. Phillips</u>	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Arizona File #552</u>	Date issued <u>9-27-56</u>	Date Orig. Entry <u>Oct. 3, 1922</u>
	Date of Birth <u>Age 25</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>  </u>	Name of Father <u>  </u>	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <u>Certificate of Marriage</u>		By whom issued and signed <u>California Vital Statistics</u>	Date issued <u>Sept. 12, 56</u>	Date Orig. Entry <u>Jan. 18, 1922</u>
	Date of Birth <u>Age 24</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Mary A. Maria</u>	Name of Father <u>Aaron M. Phillips</u>	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. Benson</i>		Evidence reviewed by <u>Verna Wilson</u>	Date Filed <u>Oct. 5, 1956</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# OF AND CERTIFICATE OF BIRTH

STATE OF TEXAS

Recorded in the office of the Registrar of Births, Deaths and Marriages, State of Texas, at Austin, Texas, this 1st day of January, 1955.

1955

Local Birth No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Sex \_\_\_\_\_  
 Name of Child \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_

Full Name of Child \_\_\_\_\_  
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 Name of Father \_\_\_\_\_

99-226-022-813 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho

STATE OF IDAHO

State File No. De56-1042

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

**RECEIVED**  
 OCT 1 1956  
 Division of Vital Statistics

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's full name at Birth <b>BESSIE RICHARDS</b>	2. Date of Birth (month) (day) (year) <b>AUG. 26, 1897</b>
	3. Color or Race <b>WHITE</b>	4. Sex <b>FEMALE</b>
	5. Place of Birth <b>IDAHO, FREMONT</b>	6. City or Town of Birth <b>FARM-TWIN GROVES WARD</b>
<b>FATHER</b>	6. Full Name of Father <b>WILLIAM RALPH RICHARDS</b>	7. State or Country of Father's Birth <b>IDAHO</b>
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>SALINA HATHAWAY</b>	9. State or Country of Mother's Birth <b>UTAH</b>
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	
<b>NOTARY (Seal)</b>	10. Signature of Registrant <i>Bessie Hendricks</i>	11. Present Address of Registrant <b>532 W. 1ST NORTH SAINT ANTHONY, IDAHO</b>
	12. Signature of Notary <i>Jack A. Stone</i> State of Idaho Notary Public	13. Notary Commission expires <b>Elective 19</b>
	<i>September 28 1956</i>	

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1.</b>	Type of Document <b>Child's birth certificate</b>	By whom issued and signed <b>Boise, Idaho Idaho File #210848</b>	Date issued <b>March 25, 1933</b>	Date Orig. Entry
Class <u>B</u>	Date of Birth <b>Age 35</b>	Full Name of Mother <b>Twin Groves, Idaho</b>	Name of Father	
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>Insurance Policy</b>	By whom issued and signed <b>Beneficial Life Ins.Co.</b>	Date issued <b>January 9, 1943</b>	Date Orig. Entry
Class <u>B</u>	Date of Birth <b>August 26, 1897</b>	Full Name of Mother <b>Fremont County Idaho</b>	Name of Father	
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>Affidavit by Aunt</b>	By whom issued and signed <b>Johanna F. Hathaway</b>	Date issued <b>October 5, 1956</b>	Date Orig. Entry
Class <u>B</u>	Date of Birth <b>August 26, 1897</b>	Full Name of Mother <b>Idaho</b>	Name of Father	
	<b>Twin Groves Ward, Salina Hathaway Richards William Ralph Richards</b>			
<b>QUALIFYING INFORMATION</b>				
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>vw Verna Wilson</b>	Date Filed <b>Oct. 8, 1956</b>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

*1 copy paid*

8 1956

[illegible]

STATE OF NEW YORK  
COUNTY OF NEW YORK  
IN SENATE  
JANUARY 1, 1911  
REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
MAY 1, 1909  
ALBANY: J. B. LIPPINCOTT COMPANY, PRINTERS.  
1911.

[illegible]

RECEIVED  
FBI  
OCT 10 1950

TO DIRECTOR  
FROM SAC, NEW YORK  
SUBJECT: [Illegible]

[Illegible text block]

Very truly yours,  
[Illegible Signature]

Special Agent in Charge

*[Handwritten signature]*

314-228-028-267  
 RECEIVED  
 DEPARTMENT OF PUBLIC HEALTH  
 Division of Vital Statistics  
 Boise, Idaho  
 OCT 9 - 1956  
 DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De56-1052  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Anna Marie Kambitsch				2. Date (month) (day) (year) Birth March 28, 1897	
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Genesee, Idaho (Latah)		b. City or Town of Birth	
FATHER	6. Full Name of Father John Kambitsch				7. State or Country of Father's Birth Austria	
MOTHER	8. Full Maiden Name of Mother Sophia Koppel				9. State or Country of Mother's Birth Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Anna Marie Kambitsch	
NOTARY (Seal)	11. Present Address of Registrant Genesee, Idaho				12. Signature of Notary Donald E. Springer	
	13. Notary Commission expires August 25, 1959					

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Child's birth certificate		By whom issued and signed Boise, Idaho Idaho File #162996		Date issued Aug. 22, 56
	Date of Birth Age 31	Birth Place Idaho	Full Name of Mother		Date Orig. Entry June 3, 1928
					Name of Father
SUPPORTING RECORD 2-	Type of Document Affidavit by friend		By whom issued and signed Genesee, Idaho Anna Kretschmer		Date issued October 6, 1956
	Date of Birth March 28, 1897	Birth Place Genesee, Idaho	Full Name of Mother Sophia Koppel		Date Orig. Entry John Kambitsch
					Name of Father
SUPPORTING RECORD 3-	Type of Document Insurance Policy		By whom issued and signed Pocatello, Idaho Beneficial Protective Assc.		Date issued March 6, 1942
	Date of Birth March 28, 1897	Birth Place Genesee, Idaho	Full Name of Mother		Date Orig. Entry Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. B. Benson	Evidence reviewed by Verna Wilson	Date Filed Oct. 9, 1956

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



# DELATED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

OCT 10 1955

NAME (Last, First, Middle)

State or Country of Birth

Date of Birth of Mother's Birth

The Present Address of Registrant

General, Teno

The Present Address of Registrant

Date of Birth Entry

Date Issued

Name of Father

Date of Birth Entry

Date Issued

Name of Father

Date of Birth Entry

Date Issued

Name of Father

RECORDING  
RECORD 1

RECORDING  
RECORD 2

RECORDING  
RECORD 3

RECORDING  
RECORD 4

RECORDING  
RECORD 5

Reference reviewed by

State Registrar

State Registrar

I hereby certify that the above information was obtained from the Division of Vital Statistics, State of Illinois, and is true and correct.

REGISTRANT (Person whose Birth is being registered)	1. Registered Full Name at Birth <b>Trilby Inez Brown</b>				2. Date (month) (day) (year) Of Birth <b>April 22 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Bingham</b>		b. City or Town of Birth <b>Moreland</b>		
FATHER	6. Full Name of Father <b>Herbert Daniel Brown</b>				7. State or Country of Father's Birth		
MOTHER	8. Full Maiden Name of Mother <b>Margaret Eliza Robson</b>				9. State or Country of Mother's Birth		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Trilby Inez B. Nicholas</i>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 25<sup>th</sup> 1956</i>				12. Signature of Notary <i>Lawrence Wilson</i>		13. Notary Commission expires <i>June 30<sup>th</sup> 1957</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class <u>B</u>	Type of Document <b>Social Security Record</b>		By whom issued and signed <b>Treasury Department</b>		Date issued <b>September</b>	Date Orig. Entry <b>21, 1942</b>
	Date of Birth <b>April 22, 1897</b>	Birth Place <b>Moreland, Idaho</b>	Full Name of Mother <b>Margaret Eliza Robson</b>		Name of Father <b>Herbert Daniel Brown</b>	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document <b>Church record</b>		By whom issued and signed <b>Salt Lake City, Utah L.D.S. Church</b>		Date issued <b>June 14, 56</b>	Date Orig. Entry <b>1913</b>
	Date of Birth <b>April 22, 1897</b>	Birth Place <b>Moreland, Idaho</b>	Full Name of Mother <b>Margaret Eliza Robson</b>		Name of Father <b>Herbert D. Brown</b>	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <b>Affidavit by mother</b>		By whom issued and signed <b>Margaret E. Brown</b>		Date issued <b>August 27,</b>	Date Orig. Entry <b>1956</b>
	Date of Birth <b>April 22, 1897</b>	Birth Place <b>Moreland, Idaho</b>	Full Name of Mother <b>Margaret Eliza Robson</b>		Name of Father <b>Herbert D. Brown</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by <b>vr Verna Wilson</b>	Date Filed <b>Oct. 29, 1956</b>



864-111-029-215

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De56-1286

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Edgar Lee Young				2. Date (month) (day) (year) Of Birth Oct. 11 1897		
	3. Color or Race White	4. Sex male	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth Pottlatch		
FATHER	6. Full Name of Father William Washington Young				7. State or Country of Father's Birth Indiana		
MOTHER	8. Full Maiden Name of Mother Hattie Lee Bangs				9. State or Country of Mother's Birth California		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Edgar Lee Young</i>		11. Present Address of Registrant Peshastin, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on <i>Dec 17</i> 19 <i>56</i>				12. Signature of Notary <i>Grace K. Kappeler</i>		13. Notary Commission expires <i>Aug 17</i> 19 <i>58</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Affidavit by Cousin		By whom issued and signed Alice Bitney		Date issued Dec. 4, 1956	Date Orig. Entry
	Date of Birth Oct. 11, 1897	Birth Place Latah County, Idaho	Full Name of Mother Hattie Lee Bangs		Name of Father William Young	
SUPPORTING RECORD 2-	Type of Document Insurance Policy		By whom issued and signed Mutual Life Insurance Company of New York		Date issued Aug. 12, 1920	Date Orig. Entry
	Date of Birth Oct. 11, 1897	Birth Place Pottlatch, Idaho	Full Name of Mother Hattie L. Young		Name of Father	
SUPPORTING RECORD 3-	Type of Document School Record		By whom issued and signed Herbert J. Kinkade-Supt. Chelan Co. Schools Wash.		Date issued Dec. 4, 1956	Date Orig. Entry Census re- cord of 1914
	Date of Birth Oct. 11, 1897	Birth Place	Full Name of Mother		Name of Father W. W. Young	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

Shirley Straubhar

Dec. 21, 1956

DELETED COPY - 100-100000  
DATE OF BIRTH  
100-100000

DEC 21 1956



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Division of Vital Statistics

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Alta Rose St. Clair				2. Date (month) (day) (year) Of Birth July 23 1897			
	3. Color or Race White	4. Sex Female	5. Place of Birth Idaho		a. County b. City or Town of Birth Pocatello			
FATHER	6. Full Name of Father Lewis St. Clair				7. State or Country of Father's Birth Ohio			
MOTHER	8. Full Maiden Name of Mother Mary Rose Bright				9. State or Country of Mother's Birth Kansas			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Alta Rose St. Clair</i>		11. Present Address of Registrant 7315 N. Williams Ave Portland 11, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on Nov. 8 19 56				12. Signature of Notary <i>E. W. Harris</i>		13. Notary Commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 16, 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class* B	Type of Document Affidavit by Mother		By whom issued and signed Mary Rose Hendrickson		Date issued Nov. 8,	Date Orig. Entry 1956
	Date of Birth July 23, 1897	Birth Place Pocatello, Ida.	Full Name of Mother Mary Rose Hendrickson		Name of Father Lewis St. Clair	
SUPPORTING RECORD 2.  Class B	Type of Document Application for Social Security Account No.		By whom issued and signed U.S. Treasury Dept. Internal Revenue		Date issued	Date Orig. Entry 5/20/1942
	Date of Birth July 23, 1897	Birth Place Pocatello, Ida.	Full Name of Mother Mary Rose Bright		Name of Father Lewis V. St. Clair	
SUPPORTING RECORD 3.  Class B	Type of Document Daughter's birth cert.		By whom issued and signed State of Oregon		Date issued Mar. 31, 1944	Date Orig. Entry Child born on Jan. 4, 1917
	Date of Birth age 19	Birth Place Idaho	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by SS Shirley Straubhar	Date Filed Jan. 9, 1957

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

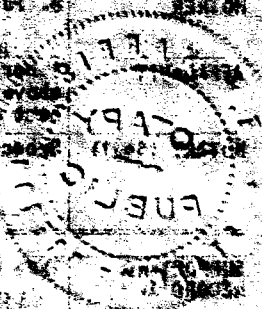
*1 copy paid*

# DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

JAN 10 1957

Date of Birth 1956	Place of Birth Dallas, Texas	Name of Father John Doe	Name of Mother Jane Doe
Date of Delay 1957	Reason for Delay Lost Certificate	Signature of Applicant John Doe	
I hereby certify that the above is a true and correct copy of the original certificate of birth as the same appears in the records of the State of Texas.			
Signed and sealed this 10th day of January, 1957.			
Notary Public for the State of Texas			



Class 8 Records - These records are maintained in the State of Texas and are available for inspection and copying by the public. The records are maintained in the State of Texas and are available for inspection and copying by the public.

Class 9 Records - These records are maintained in the State of Texas and are available for inspection and copying by the public. The records are maintained in the State of Texas and are available for inspection and copying by the public.

Class 10 Records - These records are maintained in the State of Texas and are available for inspection and copying by the public. The records are maintained in the State of Texas and are available for inspection and copying by the public.

993-115-036-234

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De57-037

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Edgar Josiah Richardson</i>				2. Date (month) (day) (year) Of Birth <i>Nov. 15<sup>th</sup> 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>male</i>	5. Place of Birth <i>Oneida</i>	6. County <i>Malad</i>	b. City or Town of Birth <i>Idaho</i>		
FATHER	6. Full Name of Father <i>George Richardson</i>				7. State or Country of Father's Birth <i>Utah Weber County</i>		
MOTHER	8. Full Maiden Name of Mother <i>Eva Evelyn Stuart Richardson</i>				9. State or Country of Mother's Birth <i>Salt Lake City</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Edgar J. Richardson</i>		11. Present Address of Registrant <i>Brigham City Utah</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Mar 28 1956</i>				12. Signature of Notary <i>Miss [Signature]</i>		13. Notary Commission expires <i>Mar 10 1960</i>

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Church Record</i>		By whom issued and signed <i>Malad Ward L.D.S.</i>		Date issued	Date Orig. Entry <i>Jan. 25, 1909</i>
	Date of Birth <i>Nov. 15, 1897</i>	Birth Place <i>Oneida County, Malad, Idaho</i>	Full Name of Mother <i>Eva Stuart</i>		Name of Father <i>George Richardson</i>	
SUPPORTING RECORD 2.	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>Metropolitan Life Insurance Company</i>		Date issued <i>Jan 28, 1924</i>	Date Orig. Entry
	Date of Birth <i>age 26</i>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <i>Daughter's birth cert.</i>		By whom issued and signed <i>Utah #107</i>		Date issued <i>11/23/56</i>	Date Orig. Entry <i>Child born Mar. 5, 1923</i>
	Date of Birth <i>age 25</i>	Birth Place <i>Idaho</i>	Full Name of Mother		Name of Father	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

*W. Benson*

Evidence reviewed by

ss Shirley Straubhar

Date Filed

Jan. 15, 1957





745-106-010-219

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De57-057

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>William James Gunther</b>				2. Date (month) (day) (year) Of Birth <b>June 6 1897</b>		
	3. Color or Race <b>W</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Bonneville</b>		b. City or Town of Birth <b>Idaho Falls, Idaho</b>		
FATHER	6. Full Name of Father <b>Joseph Gunther</b>				7. State or Country of Father's Birth <b>Germany</b>		
MOTHER	8. Full Maiden Name of Mother <b>Atonnette Karasak</b>				9. State or Country of Mother's Birth <b>Bohemia</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>William James Gunther</i>		11. Present Address of Registrant <b>1115 East 10th, Fremont, Nebr.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>December 12, 1956.</b>		12. Signature of Notary <i>Marion D. Ungert, nee Paruk.</i>		13. Notary Commission expires <b>March 4, 1958.</b>		

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <b>School Census</b>		By whom issued and signed <b>Dodge Co., Nebraska</b>		Date issued <b>11/28/56</b>	Date Orig. Entry <b>June 26, 1909</b>
	Date of Birth <b>June 6, 1897</b>	Birth Place <b>Idaho Falls, Idaho</b>	Full Name of Mother <b>Mrs. Atonnette Gunther</b>		Name of Father <b>Mr. Joseph Gunther</b>	
SUPPORTING RECORD 2.	Type of Document <b>Discharge Papers</b>		By whom issued and signed <b>State of Nebraska U. S. National Guard</b>		Date issued <b>12/5/56</b>	Date Orig. Entry <b>Enlisted 10/1/1934</b>
	Date of Birth <b>age 37</b>	Birth Place <b>Idaho Falls, Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>St. Vencesluas' Church Dodge, Nebraska</b>		Date issued	Date Orig. Entry <b>Sept. 27, 1903</b>
	Date of Birth <b>Jun 6, 1897</b>	Birth Place	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

*W. W. Benson*

Evidence reviewed by

Shirley Straubhar

Date Filed

Jan. 25, 1957

DELAID CERTIFICATE OF BIRTH  
STATE OF IOWA

JAN 25 1957

1957

6

June

William James Gurner

Place of birth

Place of birth

Place of birth

Idaho Falls, Idaho

Bonneville

Male

Place of birth of father's birth

Place of birth of mother's birth

Germany

Joseph Gurner

Place of birth of mother's birth

Place of birth of mother's birth

Columbia

Constance Larkas

Place of birth of father's birth

Place of birth of mother's birth

Place of birth of mother's birth

1115 West 10th, Trepan

Place of birth of mother's birth

Place of birth of mother's birth

March 4, 1957

December 12, 1957

Place of birth

Place of birth

Place of birth

June 22, 1957

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955-226-036-619

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-082

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Margaret M. Reese</b>				2. Date (month) (day) (year) Of Birth <b>March 26, 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Onieda</b>	a. County	b. City or Town of Birth <b>Clifton</b>		
FATHER	6. Full Name of Father <b>Edwin Reese</b>				7. State or Country of Father's Birth <b>Cardff, Wales</b>		
MOTHER	8. Full Maiden Name of Mother <b>Marie Ann Theresa Farmer</b>				9. State or Country of Mother's Birth <b>Fort Hariman, Utah</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Margaret M. Sharp</i>		11. Present Address of Registrant <b>Wendell, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>December 27 19 56</b>				12. Signature of Notary <i>Clyde Petersen</i>		13. Notary Commission expires <b>July 18 19 58</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Daughter's Birth Certificate</b>		By whom issued and signed <b>Idaho #68105</b>		Date Issued <b>Nov. 16, 1956</b>	Date Orig. Entry <b>Child Born on Feb. 4, 1919</b>
	Date of Birth <b>age 21</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <b>Church Record</b>		By whom issued and signed <b>Evan Willard-Bishop Wendell, Idaho L.D.S.</b>		Date Issued <b>1/18/57</b>	Date Orig. Entry <b>May. 7, 1905</b>
	Date of Birth <b>Mar. 26, 1897</b>	Birth Place <b>Clifton, Idaho</b>	Full Name of Mother <b>Mary Ann Thersa Farmer</b>		Name of Father <b>Edwin Reese</b>	
SUPPORTING RECORD 3.	Type of Document <b>School Record</b>		By whom issued and signed <b>Robert Crase, Principal Emmett, Ida. High School</b>		Date Issued	Date Orig. Entry <b>Feb. 5, 1912</b>
	Date of Birth <b>age 14</b>	Birth Place	Full Name of Mother		Name of Father <b>Edward Reese</b>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by <b>ss Shirley Straubhar</b>	Date Filed <b>Jan. 28, 1957</b>

DELAWARE CERTIFICATE OF BIRTH  
STATE OF DELAWARE

JAN 28 1957

Name of Person Cecil William		Date of Birth January 28, 1957		Place of Birth Wilmington, Delaware	
Parents Mr. and Mrs. [Name]		Maiden Name [Name]		Occupation [Occupation]	
Signature of Person		Signature of Parent		Signature of Minister	
Date of Issuance January 28, 1957		Place of Issuance Wilmington, Delaware		Official Seal	

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

399-124-014-692

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH**

STATE OF IDAHO

State File No. **De57-086**

Local Reg. No. ....

Reg. Dist. No. ....

**1. PLACE OF BIRTH:**

(a) County Canyon (b) City Nampa

(c) Street Address or R.F.D. No. R.T.D.

(d) Name of Hospital of Maternity Home: ✓

(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home \_\_\_\_\_ Days

In **THIS** county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

**4. FULL NAME OF CHILD**

Ira allen Crill

6. Sex

Male

7. Twin or Triplet

If so—born  
1st, 2nd, 3rd, 4

**5. DATE OF BIRTH**

(Month, day, year) Mar 24-1897

8. No. months

of Pregnancy 9 mo

9. Legitimate? Yes

**FATHER OF CHILD**

**10. FULL NAME**

Joseph A Crill

11. Color or Race

White

12. Age at time

of **THIS** birth 51 yrs.

13. Birthplace

Manchester Indiana

(City or Town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry

Business

✓

**MOTHER OF CHILD**

**16. FULL MAIDEN NAME**

Isabelle Fike

17. Color

White

18. Age at time

of **THIS** birth 34 yrs.

19. Birthplace

Pittsburgh Penna

(City or Town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. eg. out.

23. Number of children of this mother: (a) At time of birth and including this child 3

(b) Born alive and now living Living

(c) Born alive and now dead One

(d) Stillborn

None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 11 P. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Isabelle Crill, who is (First name) (Last name)

related to this child as Mother (Mother, etc.)

26. (a) Jan. 29, 1957

(Date received)

(b) W. W. Benson

(Registrar's signature)

25. Attendant's OWN signature

J. H. Murray

M.D.

(D.O., Midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_

(Registrar's signature)

and address

Nampa Idaho

Date Jan. 17 1957

JAN 30 1957

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....  
.....

(b) Labor: Complications: .....

.....  
..... Induced? .....  
.....

(c) State all operations for delivery .....

.....  
.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

RECEIVED

399-124-01-682

RECEIVED

United States

FEB 5 1957

(Be sure the information is complete and accurate)

Department of Commerce  
Bureau of the Census

Division of Vital Statistics

## CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-118

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF BIRTH:

(a) County Canyon (b) City Nampa  
(c) Street Address or R.F.D. No. Rural  
(d) Name of Hospital of Maternity Home: ✓

(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home \_\_\_\_\_ Days  
In THIS county 6 years \_\_\_\_\_ months \_\_\_\_\_ days

## 4. FULL NAME OF CHILD

Alphonso Crill

6. Sex

Male

7. Twin or

TripletTwinIf sol-born  
1st, 2nd, 3rd

## 2. USUAL RESIDENCE OF MOTHER: (Always fill in these)

(a) State Idaho (b) County Canyon  
(c) City Nampa (d) Street Address or R.F.D. No. Rural  
(e) How long has MOTHER lived in Idaho? 6 yrs.  
(f) Mother's mailing address (For registration notice):  
✓  
(Street or R.F.D.) (Postoffice)  
Idaho Nampa

## 3. RESIDENCE OF FATHER (city, state)

Idaho

## 5. DATE OF BIRTH

(Month, day, year) Mar 24 18978. No. months of Pregnancy 99. Legitimate? yes

## FATHER OF CHILD

## 10. FULL NAME

Joseph A Crill

11. Color or Race

White12. Age at time of THIS birth 51 yrs.

13. Birthplace

ManchesterIndiana

(City or Town)

(State or foreign country)

14. Exact Occupation

Farmer15. Industry Business ✓

## MOTHER OF CHILD

## 16. FULL MAIDEN NAME

Isabelle Fike

17. Color or Race

White18. Age at time of THIS birth 34 yrs.

19. Birthplace

Pittsburgh Penna.

(City or Town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Domestic22. Name prophylactic used to prevent Ophthalmia Neonatorum Sal. ag. mlt.23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2(c) Born alive and now dead 1(d) Stillborn none24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7-P. M. on the date (born alive, stillborn)and at the place stated above, and that personal particulars were furnished by Isabelle Crill, who is (First name) (Last name)related to this child as Mother (Mother, etc.)26. (a) Feb. 8, 1957

(Date received)

(b) W. B. Crill (Registrar's signature)

25. Attendant's

OWN signature

J. H. Murray M.D. (D.O., midwife, etc.)

27. Given name added on \_\_\_\_\_ by \_\_\_\_\_ (Registrar's signature)

and address

Nampa Idaho Date Jan 17 1957

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.



FEB 8 1957

## LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

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### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

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(b) Labor: Complications: .....

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..... Induced? .....

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(c) State all operations for delivery .....

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(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

214-210-040-593

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-140

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Thelma Bauman</b>				2. Date (month) (day) (year) 7 10 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth Shoshone	b. City or Town of Birth Kingston		
FATHER	6. Full Name of Father Philip Bauman				7. State or Country of Father's Birth Germany	
MOTHER	8. Full Maiden Name of Mother Bertha Nickel				9. State or Country of Mother's Birth Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mrs. E. P. Hallberg</i>	
NOTARY (Seal)	Subscribed and sworn to before me on 8th February 1957				11. Present Address of Registrant 2112 30th Ave. East. 12. Signature of Notary <i>[Signature]</i> 13. Notary Commission expires Oct 8 1960	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Family Bible Record		By whom issued and signed Bertha Bauman		Date issued Viewed Original	Date Orig. Entry Obviously Old
	Date of Birth July 10, 1897	Birth Place	Full Name of Mother Bertha Bauman		Name of Father Phil Bauman	
SUPPORTING RECORD 2.	Type of Document Son's Birth Certificate		By whom issued and signed Washington #2075		Date issued 1-9-1946	Date Orig. Entry Child born Nov. 5, 1923
	Date of Birth age 26	Birth Place Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Affidavit by Sister		By whom issued and signed Ella Bauman Brown		Date issued 1-25-57	Date Orig. Entry
	Date of Birth July 10, 1897	Birth Place Kingston, Idaho	Full Name of Mother Bertha Nickel Bauman		Name of Father Phillip Bauman	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by ss Shirley Straubhar	Date Filed Feb. 13, 1957

# DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

1. Name of child <b>Philip Harrison</b>		2. Date of birth <b>1-8-1948</b>		3. Place of birth <b>Philadelphia</b>	
4. Name of father <b>Philip Harrison</b>		5. Name of mother <b>Bertha Harrison</b>		6. Address of father <b>1-8-1948</b>	
7. Name of child <b>Philip Harrison</b>		8. Date of birth <b>1-8-1948</b>		9. Place of birth <b>Philadelphia</b>	
10. Name of father <b>Philip Harrison</b>		11. Name of mother <b>Bertha Harrison</b>		12. Address of father <b>1-8-1948</b>	
13. Name of child <b>Philip Harrison</b>		14. Date of birth <b>1-8-1948</b>		15. Place of birth <b>Philadelphia</b>	
16. Name of father <b>Philip Harrison</b>		17. Name of mother <b>Bertha Harrison</b>		18. Address of father <b>1-8-1948</b>	



DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

State File No. De57-177  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Verlin White</u>			2. Date (month) (day) (year) Of Birth <u>Oct</u> <u>13</u> <u>1897</u>	
	3. Color or Race <u>W.</u>	4. Sex <u>M.</u>	5. Place of Birth <u>St. Anthony, Idaho</u>	6. City or Town of Birth <u>St. Anthony, Idaho</u>	
FATHER	6. Full Name of Father <u>Henry Thomas White</u>			7. State or Country of Father's Birth <u>Logan Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Emeline Melissa Willey</u>			9. State or Country of Mother's Birth <u>Mendota Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Verlin White</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>December 5 1956</u>			11. Present Address of Registrant <u>1903 B. St. Eureka Calif.</u>	
				12. Signature of Notary <u>Lillian Rappan</u>	
				13. Notary Commission expires <u>My Commission Expires March 31, 1958</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Effie Willey Murphy</u>		Date issued <u>Nov. 13, 1956</u>	Date Orig. Entry
	Date of Birth <u>Oct. 13, 1897</u>	Birth Place <u>St. Anthony, Idaho</u>	Full Name of Mother <u>Emeline Melissa Willey</u>		Name of Father <u>Henry Thomas White</u>	
SUPPORTING RECORD 2.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>United Benefit Life Insurance Co.</u>		Date issued	Date Orig. Entry <u>July 14, 1948</u>
	Date of Birth <u>Oct. 13, 1897</u>	Birth Place <u>St. Anthony, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Social Security Record</u>		By whom issued and signed <u>U. S. Treasury Dept.</u>		Date issued <u>12-2-36</u>	Date Orig. Entry
	Date of Birth <u>Oct. 13, 1897</u>	Birth Place <u>St. Anthony, Idaho</u>	Full Name of Mother <u>Emmaline Willey</u>		Name of Father <u>Henry Thomas White</u>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>SS Shirley Straubhar</u>	Date Filed <u>Feb. 25, 1957</u>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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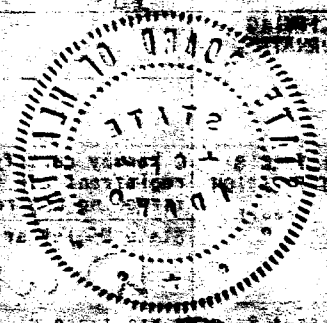
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1. NAME JOHN DOE  
 2. DATE 10/10/1954  
 3. TIME 10:00 AM  
 4. PLACE NEW YORK  
 5. REASON URGENT  
 6. TO NEW YORK  
 7. FROM NEW YORK  
 8. SUBJECT URGENT  
 9. REMARKS URGENT  
 10. INITIALS JD  
 11. SIGNATURE JOHN DOE  
 12. TELEPHONE 100-1234  
 13. TELETYPE 100-1234  
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U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

1927



165-109-026-214

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-417

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lenvis Adelbert Jones			2. Date (month) (day) (year) Of Birth April 9, 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth (was Fremont Co.) Jefferson	6. City or Town of Birth Rigby		
FATHER	6. Full Name of Father William H. Jones			7. State or Country of Father's Birth Wales		
MOTHER	8. Full Maiden Name of Mother Annie Bambrough			9. State or Country of Mother's Birth Pennsylvania		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lenvis Adelbert Jones</i>		11. Present Address of Registrant Rte. #1, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on March 12 19 57			12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires January 22 19 58

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Insurance Policy		By whom issued and signed Idaho Mutual Benefit Association		Date issued 4-16-40	Date Orig. Entry 4-15-40
	Date of Birth Apr. 9, 1897	Birth Place Rigby, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document Army Discharge		By whom issued and signed U.S. Army		Date issued 4-2-1919	Date Orig. Entry Enlisted 11-5-1917
	Date of Birth Enlistment age-20 7/12	Birth Place Rigby, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Church Record		By whom issued and signed Bingham Stake, Rigby Ward LDS Church		Date issued 3-26-57	Date Orig. Entry June, 1897
	Date of Birth April 9, 1897	Birth Place Fremont County Rigby, Idaho	Full Name of Mother Annie Bambrough		Name of Father William H. Jones	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by SS Nancy Richards	Date Filed April 17, 1957

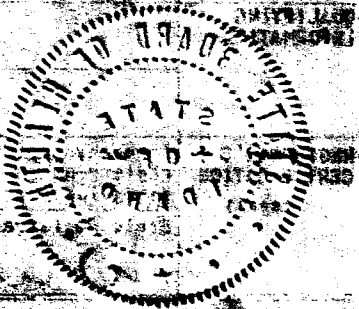
# DELAWARE CERTIFICATE OF BIRTH

STATE OF DELAWARE

APR 18 1954

DATE OF BIRTH	PLACE OF BIRTH	NAME OF FATHER	NAME OF MOTHER
APR 18 1954	NEWARK, DELAWARE	JOHN J. BROWN	MARY J. BROWN
TIME OF BIRTH	SEX	AGE OF FATHER	AGE OF MOTHER
10:30 AM	MALE	35	25
NAME OF PHYSICIAN	NAME OF WITNESSES	NAME OF REGISTRAR	NAME OF CLERK
DR. J. H. BROWN	JOHN J. BROWN, MARY J. BROWN	JOHN J. BROWN	MARY J. BROWN

DATE OF BIRTH	PLACE OF BIRTH	NAME OF FATHER	NAME OF MOTHER
APR 18 1954	NEWARK, DELAWARE	JOHN J. BROWN	MARY J. BROWN
TIME OF BIRTH	SEX	AGE OF FATHER	AGE OF MOTHER
10:30 AM	MALE	35	25
NAME OF PHYSICIAN	NAME OF WITNESSES	NAME OF REGISTRAR	NAME OF CLERK
DR. J. H. BROWN	JOHN J. BROWN, MARY J. BROWN	JOHN J. BROWN	MARY J. BROWN



DATE OF BIRTH	PLACE OF BIRTH	NAME OF FATHER	NAME OF MOTHER
APR 18 1954	NEWARK, DELAWARE	JOHN J. BROWN	MARY J. BROWN
TIME OF BIRTH	SEX	AGE OF FATHER	AGE OF MOTHER
10:30 AM	MALE	35	25
NAME OF PHYSICIAN	NAME OF WITNESSES	NAME OF REGISTRAR	NAME OF CLERK
DR. J. H. BROWN	JOHN J. BROWN, MARY J. BROWN	JOHN J. BROWN	MARY J. BROWN

593-215-04-796

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De57-450

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>LEORA NICKELL</b>					2. Date (month) (day) (year) Of Birth <b>JAN 15 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Idaho Canyon.</b>		a. County <b>EMMETT</b>			
FATHER	6. Full Name of Father <b>ROBERT LEE NICKELL</b>					7. State or Country of Father's Birth <b>IOWA</b>		
MOTHER	8. Full Maiden Name of Mother <b>CARRIE GROESBECK</b>					9. State or Country of Mother's Birth <b>IOWA</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <b>Leora Bacon</b>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>March 27 1957</b>					11. Present Address of Registrant <b>8165 Raleigh St. Westminster, Colo.</b>		
						12. Signature of Notary <b>Margie E. Sakdol</b>		
						13. Notary Commission expires <b>March 8 1959</b>		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Application for Social Security Account Number</b>		By whom issued and signed <b>Treasury Department</b>		Date Issued	Date Orig. Entry <b>11-10-47</b>
	Date of Birth <b>Jan. 15 1897</b>	Birth Place <b>Canyon County Emmet, Idaho</b>	Full Name of Mother <b>Carrie Groesbeck</b>		Name of Father <b>Robert Lee Nickell</b>	
SUPPORTING RECORD 2.	Type of Document <b>Census Record</b>		By whom issued and signed <b>U.S. Bureau of the Census</b>		Date Issued <b>2-4-57</b>	Date Orig. Entry <b>6-1-1900</b>
	Date of Birth <b>Jan. 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Carrie Nickell</b>		Name of Father <b>Robert L. Nickell</b>	
SUPPORTING RECORD 3.	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Colorado</b>		Date issued <b>10-14-42</b>	Date Orig. Entry <b>child born Nov. 27, 1917</b>
	Date of Birth <b>age 20</b>	Birth Place <b>Emmet, Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. B. Bacon</b>	Evidence reviewed by <b>nr Nancy Richards</b>	Date Filed <b>April 24, 1957</b>



STATE OF TEXAS  
DEPARTMENT OF HEALTH  
BIRTH CERTIFICATE

APR 25 1957

Name of Child <b>JOHN A. WELLS</b>		Sex <b>Male</b>	
Date of Birth <b>April 25, 1957</b>		Place of Birth <b>San Antonio, Texas</b>	
Name of Mother <b>JOHN A. WELLS</b>		Name of Father <b>JOHN A. WELLS</b>	
Signature of Mother <i>[Signature]</i>		Signature of Father <i>[Signature]</i>	
Date of Birth of Mother <b>April 25, 1957</b>		Date of Birth of Father <b>April 25, 1957</b>	
Name of Mother's Husband <b>JOHN A. WELLS</b>		Name of Father's Wife <b>JOHN A. WELLS</b>	
Signature of Mother's Husband <i>[Signature]</i>		Signature of Father's Wife <i>[Signature]</i>	
Date of Birth of Mother's Husband <b>April 25, 1957</b>		Date of Birth of Father's Wife <b>April 25, 1957</b>	
Name of Mother's Husband's Father <b>JOHN A. WELLS</b>		Name of Father's Wife's Father <b>JOHN A. WELLS</b>	
Signature of Mother's Husband's Father <i>[Signature]</i>		Signature of Father's Wife's Father <i>[Signature]</i>	
Date of Birth of Mother's Husband's Father <b>April 25, 1957</b>		Date of Birth of Father's Wife's Father <b>April 25, 1957</b>	
Name of Mother's Husband's Father's Father <b>JOHN A. WELLS</b>		Name of Father's Wife's Father's Father <b>JOHN A. WELLS</b>	
Signature of Mother's Husband's Father's Father <i>[Signature]</i>		Signature of Father's Wife's Father's Father <i>[Signature]</i>	
Date of Birth of Mother's Husband's Father's Father <b>April 25, 1957</b>		Date of Birth of Father's Wife's Father's Father <b>April 25, 1957</b>	



For this certificate to be valid, the following conditions must be met: (1) The child must be born in the State of Texas; (2) The mother must be a resident of the State of Texas at the time of birth; (3) The father must be a resident of the State of Texas at the time of birth; (4) The child must be born to a married couple; (5) The child must be born to a woman who is at least 15 years of age at the time of birth; (6) The child must be born to a woman who is not already pregnant; (7) The child must be born to a woman who is not already married; (8) The child must be born to a woman who is not already a mother of a child born within the last 12 months; (9) The child must be born to a woman who is not already a mother of a child born within the last 12 months; (10) The child must be born to a woman who is not already a mother of a child born within the last 12 months.

264-212-007-489

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

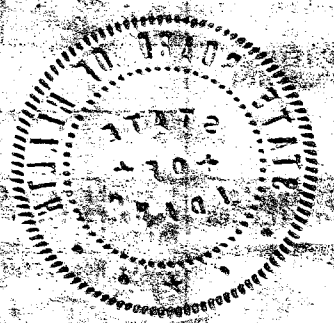
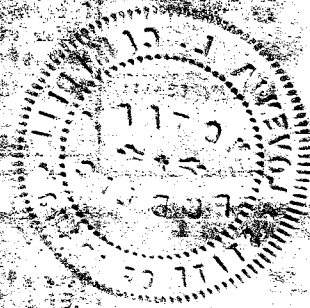
# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-461

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Nell Leota Bourgeois				2. Date Of Birth June 12 1897 (month) (day) (year)		
	3. Color or Race White	4. Sex Female	5. Place of Birth Idaho	a. County Blaine	b. City or Town of Birth Hailey		
FATHER	6. Full Name of Father Samuel A. Bourgeois				7. State or Country of Father's Birth Unknown		
MOTHER	8. Full Maiden Name of Mother Hattie Mizer				9. State or Country of Mother's Birth Unknown		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Nell L. Bourgeois</i>		11. Present Address of Registrant Hailey, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on March 11 19 57				12. Signature of Notary <i>Orenia L. Campbell</i>		13. Notary Commission expires August 29, 1959
<b>APPLICANT - DO NOT WRITE BELOW THIS LINE</b>							
SUPPORTING RECORD 1.	Type of Document Copy of original newspaper clipping - notarized		By whom issued and signed The Hailey Times		Date issued 3-22-56	Date Orig. Entry June 18, 1897	
	Date of Birth June 12, 1897	Birth Place Hailey, Idaho	Full Name of Mother ---		Name of Father Samuel A. Bourgeois		
SUPPORTING RECORD 2.	Type of Document age 80 Affidavit by Uncle		By whom issued and signed John Braase		Date issued 3-27-57	Date Orig. Entry	
	Date of Birth June 12, 1897	Birth Place Blaine County Hailey, Idaho	Full Name of Mother Hattie Mizer Bourgeois		Name of Father Samuel A. Bourgeois		
SUPPORTING RECORD 3.	Type of Document own child's birth certificate		By whom issued and signed Idaho #79607		Date issued	Date Orig. Entry child born March 24, 1920	
	Date of Birth age 22	Birth Place Hailey, Idaho	Full Name of Mother ---		Name of Father ---		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				Evidence reviewed by Nancy Richards		Date Filed April 26, 1957
	State Registrar <i>W. W. Benson</i>						

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL



113-107-035-295

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Willis Manford Jackson			2. Date (month) (day) (year) Of Birth Aug. 7th 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County NezPierce	b. City or Town of Birth Cameron		
FATHER	6. Full Name of Father Lewis Cass Jackson			7. State or Country of Father's Birth U.S.A. Iowa		
MOTHER	8. Full Maiden Name of Mother Susie Rebecca King			9. State or Country of Mother's Birth U.S.A. Illinois		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Willis Manford Jackson</i>		11. Present Address of Registrant Vancouver, Washington 5111 N.E. Carson
NOTARY (Seal)	Subscribed and sworn to before me on March 11, 19 57			12. Signature of Notary <i>Jack L. Hall</i>		13. Notary Commission expires May 21st 19 59

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (age 68 in 1945) Affidavit by uncle (present at birth)		By whom issued and signed Cyrus King	Date issued 2-26-45	Date Orig. Entry
	Date of Birth Aug. 7 1897	Birth Place Cameron, Idaho	Full Name of Mother ---	Name of Father ---	
SUPPORTING RECORD 2.	Type of Document Application for Social Security Account Number		By whom issued and signed Treasury Dept.	Date issued	Date Orig. Entry Nov. 14, 1936
	Date of Birth Aug. 7, 1897	Birth Place Nez Perce Co. Cameron, Idaho	Full Name of Mother Susan Rebecca King	Name of Father Lewis Cass Jackson	
SUPPORTING RECORD 3.	Type of Document Bible Record		By whom issued and signed viewed by Jack L. Hall, Notary Public, Vancouver, Wash.	Date issued on 4-26-57	Date Orig. Entry
	Date of Birth Aug. 7, 1897	Birth Place ---	Full Name of Mother Susie King Jackson	Name of Father ---	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. L. Benson</i>	Evidence reviewed by nr Nancy Richards	Date Filed May 3, 1957

**MAY 6 1957**

1. Name of Person or Firm J. Edgar Hoover		2. Address of Person or Firm Washington, D. C.	
3. Date of Birth 1895		4. Date of Death 1967	
5. Place of Birth Alton, Illinois		6. Place of Death Washington, D. C.	
7. Occupation Director of Federal Bureau of Investigation		8. Date of Last Contact 1967	
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555-222-001-962

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-629

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>OLIVE EMILY VENABLE</b>				2. Date of Birth (month) (day) (year) <b>September 22, 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Ada</b>	a. County <b>Ada</b>			b. City or Town of Birth <b>Near Meridian</b>
FATHER	6. Full Name of Father <b>AMOS MONROE VENABLE</b>				7. State or Country of Father's Birth <b>Missouri</b>		
MOTHER	8. Full Maiden Name of Mother <b>TERISA ROBBINS</b>				9. State or Country of Mother's Birth <b>Minnesota</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Olive Emily Venable</i>		11. Present Address of Registrant <b>41168 Road 32 Kingsburg, California</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>May 14, 1957.</b>				12. Signature of Notary <i>Harold M. Child</i>		13. Notary Commission expires <b>10-2-1959</b>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document (notarized copy) <b>Insurance Policy Application</b>		By whom issued and signed <b>New York Life Ins. Co.</b>		Date issued	Date Orig. Entry <b>May 7, 1919</b>
	Date of Birth <b>Sept. 22, 1897</b>	Birth Place <b>Meridian, Idaho</b>	Full Name of Mother <b>Terisa Venable</b>		Name of Father <b>Amos M. Venable.</b>	
SUPPORTING RECORD 2-	Type of Document <b>Affidavit by uncle, age 83</b>		By whom issued and signed <b>Tom Venable</b>		Date issued <b>5-20-57</b>	Date Orig. Entry
	Date of Birth <b>Sept. 22, 1897</b>	Birth Place <b>Ada Co. near Meridian, Ida.</b>	Full Name of Mother <b>Terisa Robbins</b>		Name of Father <b>Amos Monroe Venable</b>	
SUPPORTING RECORD 3-	Type of Document <b>Marriage License</b>		By whom issued and signed <b>Fresno County, Calif.</b>		Date issued	Date Orig. Entry <b>Feb. 17, 1920</b>
	Date of Birth <b>age 22</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	

QUALIFYING INFORMATION	Bible Record, viewed by Harold M. Child, Notary Public, on 5-27-57: born 1897 (Selma, Calif.) (Sept. 22) to A. M. Venable and Terisa Venable.
------------------------	---

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by <b>Nancy Richards</b>	Date Filed <b>June 18, 1957</b>	

RECEIVED  
STATE OF OHIO

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1990-1991

NO 10129 10 31

1. The first part of the document is a title page. It contains the title "THE HISTORY OF THE UNITED STATES OF AMERICA" and the author "BY JAMES MADISON".

4-11693018

Exhibit 100 to Special Report 12

**SECRET**

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10-10-68

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971). The concentration of chlorophylls was expressed as  $\mu\text{g mL}^{-1}$  of the sample.

1954年10月23日

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10-10-68

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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1991

245-117-025-243

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-759

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>LEO HENRY BUESCHER</b>				2. Date (month) (day) (year) Of Birth <b>Sept. 17 1897</b>			
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>DENVER</b>	a. County <b>IDAHO</b>	b. City or Town of Birth <b>DENVER</b>			
FATHER	6. Full Name of Father <b>John BUESCHER</b>				7. State or Country of Father's Birth <b>St. Louis Missouri</b>			
MOTHER	8. Full Maiden Name of Mother <b>MARY KUTHER</b>				9. State or Country of Mother's Birth <b>Effingham, Illinois</b>			
AFFIDAVIT	1. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <b>Leo Henry Buescher</b>			
NOTARY (Seal)	Subscribed and sworn to before me on <b>June 14 1957</b>				12. Signature of Notary <b>Joanne M. Ketchum</b>			
					13. Present Address of Registrant <b>4816 No. 28th Tacoma, Wash.</b>			
					13. Notary Commission expires <b>1/31 1959</b>			

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1	Type of Document <b>Honorable Discharge Paper</b>		By whom issued and signed <b>U. S. Army</b>		Date issued <b>12-19-18</b>	Date Orig. Entry <b>enlisted Oct. 1, 1918</b>
	Date of Birth <b>age 21</b>	Birth Place <b>Denver, Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>	
SUPPORTING RECORD 2	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Washington #653</b>		Date issued	Date Orig. Entry <b>child born Dec. 9, 1927</b>
	Date of Birth <b>age 30</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>	
SUPPORTING RECORD 3	Type of Document <b>Affidavit by aunt, age 79</b>		By whom issued and signed <b>Katherine B. Sprute</b>		Date issued <b>7-2-57</b>	Date Orig. Entry
	Date of Birth <b>Sept. 17, 1897</b>	Birth Place <b>Denver, Idaho</b>	Full Name of Mother <b>Mary Kuther Buescher</b>		Name of Father <b>John Buescher</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>[Signature]</b>	Evidence reviewed by <b>nr Nancy Richards</b>	Date Filed <b>July 24, 1957</b>



RECEIVED JUL 25 1967

JUL 25 1967



1. <u>State</u> 2. <u>Local</u> 3. <u>Other</u>	4. <u>Remarks</u> 5. <u>Comments</u>	6. <u>Signature</u> 7. <u>Date</u>	8. <u>Initials</u>
9. <u>State</u> 10. <u>Local</u> 11. <u>Other</u>	12. <u>Remarks</u> 13. <u>Comments</u>	14. <u>Signature</u> 15. <u>Date</u>	16. <u>Initials</u>
17. <u>State</u> 18. <u>Local</u> 19. <u>Other</u>	20. <u>Remarks</u> 21. <u>Comments</u>	22. <u>Signature</u> 23. <u>Date</u>	24. <u>Initials</u>

565-207-025-967

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHOState File No. **De57-792**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Myrtle Von Bargaen</b>				2. Date (month) (day) (year) Of Birth <b>August 7, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Idaho</b>	a. County	b. City or Town of Birth <b>Cottonwood</b>	
FATHER	6. Full Name of Father <b>Frederice Nicolous August Von Bargaen</b>				7. State or Country of Father's Birth <b>Hamburg, Germany</b>	
MOTHER	8. Full Maiden Name of Mother <b>Martha Emely Rogge</b>				9. State or Country of Mother's Birth <b>Stanton County, Nebraska</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Myrtle Bowman</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>July 30 1957</b>				11. Present Address of Registrant <i>Orangeville, Ida</i>	
	12. Signature of Notary <i>Betty J. Madley</i>				13. Notary Commission expires <b>April 15 1959</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Affidavit by Mother</b>		By whom issued and signed <b>Martha Von Bargaen</b>		Date issued <b>2-25-57</b>	Date Orig. Entry
	Date of Birth <b>Aug. 7, 1897</b>	Birth Place <b>Idaho County, Cottonwood, Ida.</b>	Full Name of Mother <b>Martha Emely Rogge</b>		Name of Father <b>Frederick Nicolous August Von Bargaen</b>	
SUPPORTING RECORD 2.	Type of Document <b>Federal Census Record</b>		By whom issued and signed <b>U. S. Dept. of Commerce Bureau of the Census</b>		Date issued <b>6-5-57</b>	Date Orig. Entry <b>June 1, 1900</b>
	Date of Birth <b>Aug. 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Martha Von Bargaen</b>		Name of Father <b>August Von Bargaen</b>	
SUPPORTING RECORD 3.	Type of Document <b>Newspaper Record</b>		By whom issued and signed <b>"Cottonwood Chronicle" Cottonwood, Idaho</b>		Date issued <b>3-29-57</b>	Date Orig. Entry <b>Aug. 13, 1897</b>
	Date of Birth <b>Aug. 7, 1897</b>	Birth Place <b>Cottonwood, Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>August Von Bargaen</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>SS nr Nancy Richards</b>		Date Filed <b>Aug. 5, 1957</b>	

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TO THE HONORABLE THE ATTORNEY GENERAL  
STATE OF CALIFORNIA  
SACRAMENTO  
FROM THE  
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[Illegible Address]  
[Illegible City]  
[Illegible State]  
[Illegible Zip]  
[Illegible Subject Line]  
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[Illegible Closing]  
[Illegible Signature]  
[Illegible Date]

313-215-006-365

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-798

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Hazel LaVine Call			2. Date (month) (day) (year) Of Birth November 15, 1897		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bingham	b. City or Town of Birth Chesterfield, Idaho		
FATHER	6. Full Name of Father Ira Call			7. State or Country of Father's Birth Utah		
MOTHER	8. Full Maiden Name of Mother Fanny Loveland			9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Hazel LaVine Call		
NOTARY (Seal)	11. Present Address of Registrant Barnes, Idaho			12. Signature of Notary Christina Hatch		
				13. Notary Commission expires November 1, 1960		
APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1	Type of Document (age 76) Affidavit by neighbor at time of birth		By whom issued and signed Annie L. Holt		Date issued 7-13-57	Date Orig. Entry
	Date of Birth Nov. 15, 1897	Birth Place Chesterfield, Idaho	Full Name of Mother Fanny Loveland		Name of Father Ira Call	
SUPPORTING RECORD 2	Type of Document Church Record		By whom issued and signed Chesterfield Ward, Idaho Stake, LDS Church		Date issued	Date Orig. Entry Nov. 15, 1905
	Date of Birth Nov. 15, 1897	Birth Place Chesterfield, Idaho	Full Name of Mother Fanny Loveland		Name of Father Ira Call	
SUPPORTING RECORD 3	Type of Document own child's birth certificate		By whom issued and signed Idaho #94256		Date issued	Date Orig. Entry child born Aug. 16, 1921
	Date of Birth age 23	Birth Place Chesterfield, Ida.	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson			Evidence reviewed by nr Nancy Richards		Date Filed August 7, 1957

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

APR 19 1972

TO : DIRECTOR, FBI (100-441100)

FROM : SAC, NEW YORK (100-157)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 4/19/72

CLASSIFICATION: [Illegible]

ADMINISTRATIVE: [Illegible]

FILE NUMBER: [Illegible]

[Illegible handwritten notes]

DATE: 4/19/72

BY: [Illegible]

FOR: [Illegible]

RE: [Illegible]

DATE: 4/19/72

BY: [Illegible]

FOR: [Illegible]

RE: [Illegible]

DATE: 4/19/72

BY: [Illegible]

FOR: [Illegible]

RE: [Illegible]

DATE: 4/19/72

BY: [Illegible]

FOR: [Illegible]

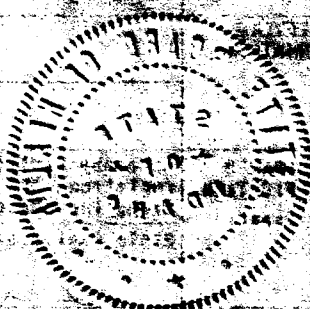
RE: [Illegible]

DATE: 4/19/72

BY: [Illegible]

FOR: [Illegible]

RE: [Illegible]



796-210-008-351

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-800**

<b>REGISTRANT</b> (Person whose birth is being registered)	<b>1. Registrant's Full Name at Birth</b> Janie Amilia Gross				<b>2. Date Of Birth</b> (month) (day) (year) September 10, 1897	
	<b>3. Color or Race</b> White	<b>4. Sex</b> Female	<b>5. Place of Birth</b> Ola	<b>a. County</b> Boise	<b>b. City or Town of Birth</b> Ola	
<b>FATHER</b>	<b>6. Full Name of Father</b> Gustav A. Gross				<b>7. State or Country of Father's Birth</b> Saxony, Germany	
<b>MOTHER</b>	<b>8. Full Maiden Name of Mother</b> Annie R. Cramer				<b>9. State or Country of Mother's Birth</b> Kirbyville, Taney, Mo.	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			<b>10. Signature of Registrant</b> <i>Janie Kimball</i>		<b>11. Present Address of Registrant</b> Rt. # 1, Emmett, Idaho.
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on August 2nd, 1957			<b>12. Signature of Notary</b> <i>[Signature]</i>		<b>13. Notary Commission expires</b> Sept. 14, 1960

APPLICANT - DO NOT WRITE BELOW THIS LINE						
<b>SUPPORTING RECORD 1-</b>	<b>Type of Document</b> (present at birth)		<b>By whom issued and signed</b>		<b>Date issued</b>	<b>Date Orig. Entry</b>
	Affidavit by aunt, age 77		Mrs. Ruth Gross		8-2-57	
<b>SUPPORTING RECORD 2-</b>	<b>Date of Birth</b> Sept. 10, 1897	<b>Birth Place</b> Ola, Idaho	<b>Full Name of Mother</b> Annie R. Cramer		<b>Name of Father</b> Gustav A. Gross	
	<b>Type of Document</b> Bible Record		<b>By whom issued and signed</b> original viewed by Div. of Vital Statistics		<b>Date issued</b>	<b>Date Orig. Entry</b> old record
<b>SUPPORTING RECORD 3-</b>	<b>Date of Birth</b> Sept. 10, 1897	<b>Birth Place</b> Ola, Idaho	<b>Full Name of Mother</b> ----		<b>Name of Father</b> ----	
	<b>Type of Document</b> own child's birth certificate		<b>By whom issued and signed</b> Idaho #168789		<b>Date issued</b>	<b>Date Orig. Entry</b> child born Feb. 3, 1929
<b>QUALIFYING INFORMATION</b>	<b>Date of Birth</b> age 31		<b>Birth Place</b> Idaho		<b>Full Name of Mother</b> ----	
					<b>Name of Father</b> ----	

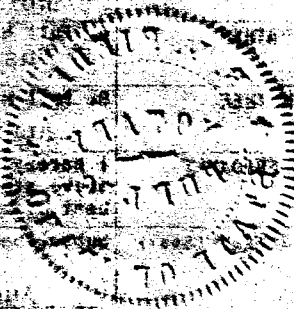
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	<b>State Registrar</b> <i>W. H. Benson</i>			<b>Evidence reviewed by</b> Nancy Richards		<b>Date Filed</b> August 8, 1957

1 copy Rd

FEB 12 1965

DELETED CERTIFICATE OF BIRTH  
STATE OF IOWA

**AUG 8 1967**



1. Name of child at birth	2. Date of birth	3. Place of birth	4. Name of mother at birth	5. Name of father at birth
6. Name of child at present	7. Date of present birth	8. Place of present birth	9. Name of mother at present	10. Name of father at present
11. Name of child at present	12. Date of present birth	13. Place of present birth	14. Name of mother at present	15. Name of father at present
16. Name of child at present	17. Date of present birth	18. Place of present birth	19. Name of mother at present	20. Name of father at present
21. Name of child at present	22. Date of present birth	23. Place of present birth	24. Name of mother at present	25. Name of father at present
26. Name of child at present	27. Date of present birth	28. Place of present birth	29. Name of mother at present	30. Name of father at present
31. Name of child at present	32. Date of present birth	33. Place of present birth	34. Name of mother at present	35. Name of father at present
36. Name of child at present	37. Date of present birth	38. Place of present birth	39. Name of mother at present	40. Name of father at present
41. Name of child at present	42. Date of present birth	43. Place of present birth	44. Name of mother at present	45. Name of father at present
46. Name of child at present	47. Date of present birth	48. Place of present birth	49. Name of mother at present	50. Name of father at present
51. Name of child at present	52. Date of present birth	53. Place of present birth	54. Name of mother at present	55. Name of father at present
56. Name of child at present	57. Date of present birth	58. Place of present birth	59. Name of mother at present	60. Name of father at present
61. Name of child at present	62. Date of present birth	63. Place of present birth	64. Name of mother at present	65. Name of father at present
66. Name of child at present	67. Date of present birth	68. Place of present birth	69. Name of mother at present	70. Name of father at present
71. Name of child at present	72. Date of present birth	73. Place of present birth	74. Name of mother at present	75. Name of father at present
76. Name of child at present	77. Date of present birth	78. Place of present birth	79. Name of mother at present	80. Name of father at present
81. Name of child at present	82. Date of present birth	83. Place of present birth	84. Name of mother at present	85. Name of father at present
86. Name of child at present	87. Date of present birth	88. Place of present birth	89. Name of mother at present	90. Name of father at present
91. Name of child at present	92. Date of present birth	93. Place of present birth	94. Name of mother at present	95. Name of father at present
96. Name of child at present	97. Date of present birth	98. Place of present birth	99. Name of mother at present	100. Name of father at present

285-201-041-693

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Gladys Sherwood</b>				2. Date (month) (day) (year) Of Birth <b>May 1 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>female</b>	5. Place of Birth <b>Idahor</b>	a. County <b>Teton</b>	b. City or Town of Birth <b>Victor</b>	
FATHER	6. Full Name of Father <b>George Victor Sherwood</b>				7. State or Country of Father's Birth <b>Oregon County not known</b>	
MOTHER	8. Full Maiden Name of Mother <b>Charlotte Ann Wilkins</b>				9. State or Country of Mother's Birth <b>Near Salt Lake City, Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Gladys Wolcott</i>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <b>August 13 19 57</b>			12. Signature of Notary <i>Russel R. Richards</i>		13. Notary Commission expires <b>October 27 1957</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Social Security Record</b>		By whom issued and signed <b>Treasury Dept.</b>		Date issued	Date Orig. Entry <b>Aug. 30, 1937</b>
	Date of Birth <b>May 1, 1897</b>	Birth Place <b>Teton Co. Victor, Idaho</b>	Full Name of Mother <b>Charlotte Ann Wilkins</b>		Name of Father <b>George Victor Sherwood</b>	
SUPPORTING RECORD 2-	Type of Document <b>Federal Census Record</b>		By whom issued and signed <b>U. S. Dept. of Commerce Bureau of the Census</b>		Date issued <b>2-27-57</b>	Date Orig. Entry <b>June 1, 1900</b>
	Date of Birth <b>May, 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Annie S. Sherwood</b>		Name of Father <b>Geo. C. Sherwood</b>	
SUPPORTING RECORD 3-	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Washington #958</b>		Date issued	Date Orig. Entry <b>child born Oct. 9, 1921</b>
	Date of Birth <b>age 24</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. J. Benson</i>	Evidence reviewed by <b>Nancy Richards</b>	Date Filed <b>August 22, 1957</b>



STATE OF IOWA  
DEPARTMENT OF CORRECTIONS

1937

AUG 22 1937

George Victor St. Wood

George Victor St. Wood

near Salt Lake City, U.S.

Charlotte Ann Williams

October 12 1937

October 12 1937



George Victor St. Wood

George Victor St. Wood

June 1, 1937

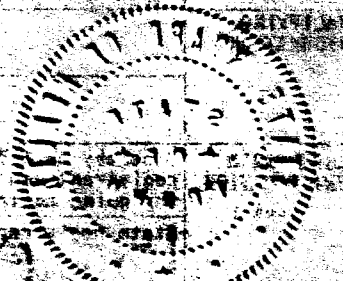
June 1, 1937

George Victor St. Wood

George Victor St. Wood

June 1, 1937

June 1, 1937



August 22 1937

759-231-001-766

## DELAYED CERTIFICATE OF BIRTH

State File No. Do57-855Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

STATE OF IDAHO

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Hazel Alta Perkins</u>				2. Date (month) (day) (year) Of Birth <u>July 31 1897</u>	
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Idaho, Ada</u>		a. County <u>Boise</u>	
FATHER	6. Full Name of Father <u>William Edward Perkins</u>				7. State or Country of Father's Birth <u>Missouri</u>	
MOTHER	8. Full Maiden Name of Mother <u>Martha Ellen Powell</u>				9. State or Country of Mother's Birth <u>Wisconsin</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Hazel Alta Rainey</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>20th day of August 1957</u>				11. Present Address of Registrant <u>Sweet, Idaho</u>	
	12. Signature of Notary <u>Cecile Petersen</u>				13. Notary Commission expires <u>July 18, 1958</u>	

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>FAMILY BIBLE</u>		By whom issued and signed		Date issued	Date Orig. Entry Record Obviously Old
	Date of Birth <u>July 31, 1897</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>Martha Ellen Powell</u>		Name of Father <u>William E. Perkins</u>	
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by Father</u>		By whom issued and signed <u>William Edward Perkins</u>		Date issued <u>8-20-1957</u>	Date Orig. Entry
	Date of Birth <u>July 31, 1897</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>Martha Ellen Perkins</u>		Name of Father <u>William Edward Perkins</u>	
SUPPORTING RECORD 3-	Type of Document <u>Policy # 12395</u>		By whom issued and signed <u>Idaho Mutual Benefit Association, Boise, Idaho</u>		Date issued	Date Orig. Entry <u>Policy issued May 17, 1935</u>
	Date of Birth <u>July 31, 1897</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother		Name of Father	

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Joyce B. Foltz</u>	Date Filed <u>August 28, 1957</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF TEXAS

AUG 28 1957



Local No. 100  
Reg. No. 100  
Date of Birth

1. Name of deceased at birth		2. Date of birth		3. Place of birth	
4. Name of mother at birth		5. Date of mother's birth		6. Place of mother's birth	
7. Name of father at birth		8. Date of father's birth		9. Place of father's birth	
10. Name of deceased at death		11. Date of death		12. Place of death	
13. Name of mother at death		14. Date of mother's death		15. Place of mother's death	
16. Name of father at death		17. Date of father's death		18. Place of father's death	
19. Name of deceased at burial		20. Date of burial		21. Place of burial	
22. Name of mother at burial		23. Date of mother's burial		24. Place of mother's burial	
25. Name of father at burial		26. Date of father's burial		27. Place of father's burial	
28. Name of deceased at cremation		29. Date of cremation		30. Place of cremation	
31. Name of mother at cremation		32. Date of mother's cremation		33. Place of mother's cremation	
34. Name of father at cremation		35. Date of father's cremation		36. Place of father's cremation	
37. Name of deceased at interment		38. Date of interment		39. Place of interment	
40. Name of mother at interment		41. Date of mother's interment		42. Place of mother's interment	
43. Name of father at interment		44. Date of father's interment		45. Place of father's interment	
46. Name of deceased at entombment		47. Date of entombment		48. Place of entombment	
49. Name of mother at entombment		50. Date of mother's entombment		51. Place of mother's entombment	
52. Name of father at entombment		53. Date of father's entombment		54. Place of father's entombment	
55. Name of deceased at inhumation		56. Date of inhumation		57. Place of inhumation	
58. Name of mother at inhumation		59. Date of mother's inhumation		60. Place of mother's inhumation	
61. Name of father at inhumation		62. Date of father's inhumation		63. Place of father's inhumation	
64. Name of deceased at exhumation		65. Date of exhumation		66. Place of exhumation	
67. Name of mother at exhumation		68. Date of mother's exhumation		69. Place of mother's exhumation	
70. Name of father at exhumation		71. Date of father's exhumation		72. Place of father's exhumation	
73. Name of deceased at reinterment		74. Date of reinterment		75. Place of reinterment	
76. Name of mother at reinterment		77. Date of mother's reinterment		78. Place of mother's reinterment	
79. Name of father at reinterment		80. Date of father's reinterment		81. Place of father's reinterment	
82. Name of deceased at reinterment		83. Date of reinterment		84. Place of reinterment	
85. Name of mother at reinterment		86. Date of mother's reinterment		87. Place of mother's reinterment	
88. Name of father at reinterment		89. Date of father's reinterment		90. Place of father's reinterment	
91. Name of deceased at reinterment		92. Date of reinterment		93. Place of reinterment	
94. Name of mother at reinterment		95. Date of mother's reinterment		96. Place of mother's reinterment	
97. Name of father at reinterment		98. Date of father's reinterment		99. Place of father's reinterment	
100. Name of deceased at reinterment		101. Date of reinterment		102. Place of reinterment	

265-224-021-593

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-897

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Estella Nichols Sweet</b>				2. Date (month) (day) (year) Of Birth <b>February 24 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>F</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Franklin</b>	b. City or Town of Birth <b>Mapleton</b>	
FATHER	6. Full Name of Father <b>CHARLES Uriah SWEET</b>				7. State or Country of Father's Birth <b>Massachusetts</b>	
MOTHER	8. Full Maiden Name of Mother <b>Olive Mahala Nichols</b>				9. State or Country of Mother's Birth <b>Illinois</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Estella Sweet Carlson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>July 16th 19 57</b>				11. Present Address of Registrant <b>702 So. 2nd Street Rupert, Idaho</b>	
	12. Signature of Notary <i>Floyd J. Fruit</i> <b>Floyd J. Fruit</b>				13. Notary Commission expires <b>February 16th 19 1960</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document (more than 10 yrs. By whom issued and signed) <b>Affidavit by sister senior Irena Spidell</b>		Date Issued <b>7-16-57</b>	Date Orig. Entry	
	Date of Birth <b>Feb. 24, 1897</b>	Birth Place <b>Franklin Co. Mapleton, Idaho</b>	Full Name of Mother <b>Olive Nichols Sweet</b>	Name of Father <b>Charles Uriah Sweet</b>	
SUPPORTING RECORD 2-	Type of Document No. 600639 <b>Life Insurance Policy</b>		By whom issued and signed <b>American Nat. Ins. Co.</b>	Date Issued <b>8-20-37</b>	Date Orig. Entry <b>8-3-37</b>
	Date of Birth <b>Feb. 24, 97</b>	Birth Place <b>Mapleton, Ida</b>	Full Name of Mother <b>---</b>	Name of Father <b>---</b>	
SUPPORTING RECORD 3-	Type of Document <b>Own child's birth Certificate</b>		By whom issued and signed <b>State of Idaho #66621</b>	Date Issued <b>child born</b>	Date Orig. Entry <b>Nov. 8, 1918</b>
	Date of Birth <b>age 21</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>---</b>	Name of Father <b>---</b>	

QUALIFYING  
INFORMATION

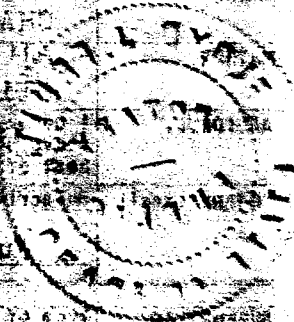
REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>Mr Nancy Richards</b>
Date Filed <b>Sept. 9, 1957</b>	

1 copy sent

DELETED CERTIFICATE OF BIRTH  
STATE OF ILLINOIS

<p>1981</p> <p>February 28</p> <p>Washington</p> <p>Illinois</p> <p>February 10th 1980</p>	<p>1981</p> <p>February 28</p> <p>Washington</p> <p>Illinois</p> <p>February 10th 1980</p>	<p>1981</p> <p>February 28</p> <p>Washington</p> <p>Illinois</p> <p>February 10th 1980</p>	<p>1981</p> <p>February 28</p> <p>Washington</p> <p>Illinois</p> <p>February 10th 1980</p>
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168-220-025-553

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De57-963


REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Ellen Sophia Jorgenson</i>				2. Date (month) (day) (year) Of Birth <i>Oct. 20 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Denver Ida.</i>	6. County <i>Idaho</i>	b. City or Town of Birth <i>Denver Idaho.</i>	
FATHER	6. Full Name of Father <i>Mr Andrew Jorgenson</i>				7. State or Country of Father's Birth <i>Sweden</i>	
MOTHER	8. Full Maiden Name of Mother <i>Josephine Caroline Nelson</i>				9. State or Country of Mother's Birth <i>Milpitas, Cal.</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mrs Ellen Brown</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 21, 1957</i>				11. Present Address of Registrant <i>371-W. 14<sup>th</sup> St. Idaho Falls.</i>	
	12. Signature of Notary <i>Ray E. Groth</i>				13. Notary Commission expires <i>Dec. 18, 1958</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Affidavit by mother		By whom issued and signed Josephine Caroline Jorgenson	Date issued 8-10-57	Date Orig. Entry
	Date of Birth <i>Oct. 20, 1897</i>	Birth Place <i>Denver, Idaho -- (Shebang Creek)</i>	Full Name of Mother Josephine Caroline Nelson	Name of Father Andrew Jorgenson	
SUPPORTING RECORD 2-	Type of Document Marriage Record		By whom issued and signed Santa Clara Co., California	Date issued	Date Orig. Entry Feb. 25, 1919
	Date of Birth age 21	Birth Place Idaho	Full Name of Mother Josephine Jorgenson	Name of Father ---	
SUPPORTING RECORD 3-	Type of Document Church Record		By whom issued and signed Immanuel Evangelical Lutheran Church of San Jose, Calif.	Date issued 9-20-57	Date Orig. Entry baptized Oct. 9, 1909
	Date of Birth <i>Oct. 20, 1897</i>	Birth Place Denver, Idaho	Full Name of Mother Josefine Caroline Jorgenson	Name of Father Andrew Jorgenson	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by nr Nancy Richards	Date Filed Oct. 1, 1957	

DATE: 11-11-68

OCT 1 1957



SECRET

SECRET  
NO TALK OUT

SECRET

1953 12 20

163-279-036-345

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-1029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Alice Jolley</b>			2. Date of Birth (month) (day) (year) <b>February 19, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Oneida</b>	b. City or Town of Birth <b>Franklin</b>	
FATHER	6. Full Name of Father <b>Thomas Rutledge Jolley</b>			7. State or Country of Father's Birth <b>Logan, Utah</b>	
MOTHER	8. Full Maiden Name of Mother <b>Annie Marie Lundgren</b>			9. State or Country of Mother's Birth <b>Idaho</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Alice Merritt</i>	11. Present Address of Registrant <i>Oceanlake, Oregon</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 7 1957</i>			12. Signature of Notary <i>Hazel L. Hulbert</i>	13. Notary Commission expires <i>Sept 28 1960</i>
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>					
SUPPORTING RECORD 1.	Type of Document <b>Old Family Record</b>		By whom issued and signed <b>Father - Thomas Rutledge Jolley</b>		Date issued viewed by vital stat. <b>obviously very old - no</b>
	Date of Birth <b>Feb. 19, 1897</b>	Birth Place <b>Franklin, Idaho</b>	Full Name of Mother <b>Mary L. Jolley</b>		Name of Father alterations <b>Thos. R. Jolley</b>
SUPPORTING RECORD 2.	Type of Document <b>School Record</b>		By whom issued and signed <b>Boise Senior High School Boise, Idaho</b>		Date issued <b>10-7-57</b>
	Date of Birth <b>Feb. 19, 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Thomas Jolley</b>		Date Orig. Entry <b>Sept., 1913</b>
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by aunt, age 82</b>		By whom issued and signed <b>Martine Lundgren Leishman</b>		Date issued <b>10-10-57</b>
	Date of Birth <b>Feb. 19, 1897</b>	Birth Place <b>Oneida Co. Franklin, Idaho</b>	Full Name of Mother <b>Annie Marie Lundgren</b>		Date Orig. Entry <b>Thomas Rutledge Jolley</b>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. J. Benson</i>		Evidence reviewed by <b>sc Nancy Richards</b>		Date Filed <b>Oct. 24, 1957</b>





289-205-236-312

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-1059

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth Viola Emily Byington				2. Date (month) (day) (year) Of Birth January 5, 1897		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Oneida		b. City or Town of Birth Rockland		
<b>FATHER</b>	6. Full Name of Father Joseph H. Byington				7. State or Country of Father's Birth Utah		
<b>MOTHER</b>	8. Full Maiden Name of Mother Mary Ann Lasley				9. State or Country of Mother's Birth Utah		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Viola Emily Byington		11. Present Address of Registrant Bliss Idaho
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on Sept 16 1957		12. Signature of Notary Hazel L. Hurlbert.		13. Notary Commission expires Sept 28 1960		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1.</b>	Type of Document Own Child's Birth Certificate		By whom issued and signed State of Idaho #221207		Date issued Child's Birthdate April 2, 1934	Date Orig. Entry
	Date of Birth Age 37	Birth Place Rockland, Idaho	Full Name of Mother		Name of Father	
<b>SUPPORTING RECORD 2.</b>	Type of Document Certificate of Blessing		By whom issued and signed Gooding 2nd Ward, Gooding Stake, LDS Church		Date issued 4-10-55	Date Orig. Entry Jan. 31, 1897
	Date of Birth Jan. 5, 1897	Birth Place Rockland, Idaho	Full Name of Mother Mary Ann Lasley		Name of Father Joseph H. Byington	
<b>SUPPORTING RECORD 3.</b>	Type of Document Affidavit by mother		By whom issued and signed Mary Ann Byington		Date issued 11-2-57	Date Orig. Entry
	Date of Birth Jan. 5, 1897	Birth Place Rockland, Idaho	Full Name of Mother Mary Ann Lasley		Name of Father Joseph H. Byington	
<b>QUALIFYING INFORMATION</b>	Insurance Policy, Gem State Mutual Assoc., Oct. 16, 1948: born Jan. 5, 1897 at					
	Rockland, Idaho					
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Jensen		Evidence reviewed by sc Nancy Richards			Date Filed Nov. 5, 1957

1 copy pd



369-201-029-231

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-1160

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Vesta Lillian Cornwall</b>				2. Date (month) (day) (year) Of Birth <b>February 1, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Latah</b>	b. City or Town of Birth <b>Moscow</b>	
FATHER	6. Full Name of Father <b>Frank Edward Cornwall</b>				7. State or Country of Father's Birth <b>Ohio</b>	
MOTHER	8. Full Maiden Name of Mother <b>Sarah Lucinda Slater</b>				9. State or Country of Mother's Birth <b>Wisconsin</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Vesta C. Martens</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>December 5, 1957</b>				11. Present Address of Registrant <b>1919 Harrison Blvd Boise, Idaho</b>	
					12. Signature of Notary <i>Frank E. Hunter</i>	
					13. Notary Commission expires <b>Jan 19, 1959.</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Affidavit by person present at time of this birth</b>		By whom issued and signed <b>Thomas E. Hunter - age 72</b>		Date issued <b>12-6-57</b>	Date Orig. Entry
	Date of Birth <b>Feb. 1, 1897</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother <b>Sarah L. Cornwall</b>		Name of Father <b>Frank E. Cornwall</b>	
SUPPORTING RECORD 2-	Type of Document <b>Hospital Record</b>		By whom issued and signed <b>Minnie M. Nelson St. Lukes Hospital - Boise</b>		Date issued <b>12-6-57</b>	Date Orig. Entry <b>2-2-1950</b>
	Date of Birth <b>Feb. 1, 1897</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	
SUPPORTING RECORD 3-	Type of Document <b>Own Child's birth certificate</b>		By whom issued and signed <b>State of Idaho #69634</b>		Date issued <b>March 31, 1919</b>	Date Orig. Entry
	Date of Birth <b>Age 22</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Shirley Cooper</b>	Date Filed <b>Dec. 6, 1957</b>

[illegible][illegible][illegible][illegible]

893-111-010-994

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE57-1227

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home <u>Born at home attended by midwife</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Rhubin John Hill</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho Falls Idaho</u>	
6 Sex <u>Male</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>April 11, 1897</u>	
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>			
10. FULL NAME OF FATHER OF CHILD <u>Kyatt Hill</u>		16. FULL MAIDEN NAME OF MOTHER OF CHILD <u>Helen Humphins</u>	
11. Color <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs.		17. Color <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs.	
13. Birthplace (City or town) <u>Illinois</u> (State or foreign country) _____		19. Birthplace (City or town) <u>Deadland</u> (State or foreign country) _____	
14. Exact Occupation <u>City Employee</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Engineer</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

### ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date \_\_\_\_\_ and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) who is related as \_\_\_\_\_ (Mother, etc.)

25. Attendant's OWN signature \_\_\_\_\_ M.D. Address \_\_\_\_\_ Date \_\_\_\_\_  
Midwife \_\_\_\_\_

State of Idaho County of Idaho Falls } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 59 years, and that Mrs who attended this birth as now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Helen O. Humphins P. O. Address 227-7th Ave North Idaho Falls

Subscribed and sworn to before me this 8th day of February, 1957.  
(SEAL) Theresa J. Jones Notary Public, residing at Idaho Falls  
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 15, 1957 by W. W. Benson Registrar

FILE # FROM DE49-2021 TO DE57-1227 CHANGED TO REFLECT THE CORRECT YEAR PLACED ON FILE.  
12/5/2013 KMC

FEB 15 1957

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-207-016-297

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-003

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Myrtle Irene Wickel</u>				2. Date (month) (day) (year) Of Birth <u>September 3, 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Cassia</u>	b. City or Town of Birth <u>Elba</u>		
FATHER	6. Full Name of Father <u>Henry Lemon Wickel</u>				7. State or Country of Father's Birth <u>Pennsylvania</u>	
MOTHER	8. Full Maiden Name of Mother <u>Elizabeth Jane Bigler</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Myrtle Deatley</u>		11. Present Address of Registrant <u>4714 SE Rothe Road Milwaukie, Oregon</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 2, 1958</u>			12. Signature of Notary <u>Agnes L. Hurlbert</u>		13. Notary Commission expires <u>Sept. 28, 1960</u>
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <u>Affidavit by Older Brother</u>		By whom issued and signed <u>Willard Wickel - Age 82</u>		Date issued <u>7-5-57</u>	Date Orig. Entry
	Date of Birth <u>Sept. 3, 1897</u>	Birth Place <u>Elba, Idaho</u>	Full Name of Mother <u>Elizabeth Jane Bigler</u>		Name of Father <u>Henry Lemon Wickel</u>	
SUPPORTING RECORD 2.	Type of Document <u>Photostatic copy of original Social Security Application</u>		By whom issued and signed <u>U. S. Treasury Dept. Internal Revenue Service</u>		Date issued	Date Orig. Entry <u>Nov. 4, 1942</u>
	Date of Birth <u>Sept. 3, 1897</u>	Birth Place <u>Elba, Idaho</u>	Full Name of Mother <u>Elizabeth Jane Bigler</u>		Name of Father <u>Henry Lemon Wickel</u>	
SUPPORTING RECORD 3.	Type of Document <u>Own Child's Birth Certificate</u>		By whom issued and signed <u>State of Idaho #42720</u>		Date issued <u>Child's Birthdate September 14, 1916</u>	Date Orig. Entry
	Date of Birth <u>Age 19</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>----</u>		Name of Father <u>----</u>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Shirley Cooper</u>		Date Filed <u>Jan. 3, 1958</u>	



# DELETED CERTIFICATE OF BIRTH STATE OF ILLINOIS

00-838-003

<p>1. Name of child at birth: <b>Michael</b></p>		<p>2. Date of birth: <b>September 3, 1907</b></p>	
<p>3. Place of birth: <b>State of Illinois</b></p>		<p>4. Name of father: <b>Henry Leona Michel</b></p>	
<p>5. Name of mother: <b>Elizabeth Jane Bigler</b></p>		<p>6. State of father: <b>Illinois</b></p>	
<p>7. State of mother: <b>Illinois</b></p>		<p>8. Name of father at birth: <b>Henry Leona Michel</b></p>	
<p>9. Name of mother at birth: <b>Elizabeth Jane Bigler</b></p>		<p>10. Date of birth of father: <b>1875</b></p>	
<p>11. Date of birth of mother: <b>1875</b></p>		<p>12. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>13. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>14. Date of birth of father at present: <b>1875</b></p>	
<p>15. Date of birth of mother at present: <b>1875</b></p>		<p>16. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>17. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>18. Date of birth of father at present: <b>1875</b></p>	
<p>19. Date of birth of mother at present: <b>1875</b></p>		<p>20. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>21. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>22. Date of birth of father at present: <b>1875</b></p>	
<p>23. Date of birth of mother at present: <b>1875</b></p>		<p>24. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>25. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>26. Date of birth of father at present: <b>1875</b></p>	
<p>27. Date of birth of mother at present: <b>1875</b></p>		<p>28. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>29. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>30. Date of birth of father at present: <b>1875</b></p>	
<p>31. Date of birth of mother at present: <b>1875</b></p>		<p>32. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>33. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>34. Date of birth of father at present: <b>1875</b></p>	
<p>35. Date of birth of mother at present: <b>1875</b></p>		<p>36. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>37. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>38. Date of birth of father at present: <b>1875</b></p>	
<p>39. Date of birth of mother at present: <b>1875</b></p>		<p>40. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>41. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>42. Date of birth of father at present: <b>1875</b></p>	
<p>43. Date of birth of mother at present: <b>1875</b></p>		<p>44. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>45. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>46. Date of birth of father at present: <b>1875</b></p>	
<p>47. Date of birth of mother at present: <b>1875</b></p>		<p>48. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>49. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>50. Date of birth of father at present: <b>1875</b></p>	
<p>51. Date of birth of mother at present: <b>1875</b></p>		<p>52. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>53. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>54. Date of birth of father at present: <b>1875</b></p>	
<p>55. Date of birth of mother at present: <b>1875</b></p>		<p>56. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>57. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>58. Date of birth of father at present: <b>1875</b></p>	
<p>59. Date of birth of mother at present: <b>1875</b></p>		<p>60. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>61. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>62. Date of birth of father at present: <b>1875</b></p>	
<p>63. Date of birth of mother at present: <b>1875</b></p>		<p>64. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>65. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>66. Date of birth of father at present: <b>1875</b></p>	
<p>67. Date of birth of mother at present: <b>1875</b></p>		<p>68. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>69. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>70. Date of birth of father at present: <b>1875</b></p>	
<p>71. Date of birth of mother at present: <b>1875</b></p>		<p>72. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>73. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>74. Date of birth of father at present: <b>1875</b></p>	
<p>75. Date of birth of mother at present: <b>1875</b></p>		<p>76. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>77. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>78. Date of birth of father at present: <b>1875</b></p>	
<p>79. Date of birth of mother at present: <b>1875</b></p>		<p>80. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>81. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>82. Date of birth of father at present: <b>1875</b></p>	
<p>83. Date of birth of mother at present: <b>1875</b></p>		<p>84. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>85. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>86. Date of birth of father at present: <b>1875</b></p>	
<p>87. Date of birth of mother at present: <b>1875</b></p>		<p>88. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>89. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>90. Date of birth of father at present: <b>1875</b></p>	
<p>91. Date of birth of mother at present: <b>1875</b></p>		<p>92. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>93. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>94. Date of birth of father at present: <b>1875</b></p>	
<p>95. Date of birth of mother at present: <b>1875</b></p>		<p>96. Name of father at present: <b>Henry Leona Michel</b></p>	
<p>97. Name of mother at present: <b>Elizabeth Jane Bigler</b></p>		<p>98. Date of birth of father at present: <b>1875</b></p>	
<p>99. Date of birth of mother at present: <b>1875</b></p>		<p>100. Name of father at present: <b>Henry Leona Michel</b></p>	



Shirley Cooper  
Jan. 3, 1938  
Date filed

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De58-008  
Local File No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Vada Bennett</u>				2. Date (month) (day) (year) Of Birth <u>July 2 1897</u>	
	3. Color of Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Franklin, Ida. Onida</u>	6. City or Town of Birth <u>Franklin, Idaho</u>		
FATHER	6. Full Name of Father <u>Hyrum Joseph Bennett</u>				7. State or Country of Father's Birth <u>Worcestershire, England</u>	
MOTHER	8. Full Maiden Name of Mother <u>Sarah Ann Wright</u>				9. State or Country of Mother's Birth <u>Salt Lake City, Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Vada Bennett</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Jan. 19th. 1957</u>				11. Present Address of Registrant <u>Box 567-26 St. Ogden, Utah</u>	
	12. Signature of Notary <u>Dwight E. Baker</u>				13. Notary Commission Expires <u>Mar. 27 1960</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Church record</u>		By whom issued and signed <u>Smithfield 4th Ward, Smithfield Stake L.D.S.</u>		Date issued <u>12-10-56</u>
	Date of Birth <u>July 2, 1897</u>	Birth Place <u>Franklin, Idaho</u>	Full Name of Mother <u>Sarah Ann Wright</u>		Date Orig. Entry <u>12-31-38</u>
SUPPORTING RECORD 2.	Type of Document <u>Social Security Record</u>		By whom issued and signed <u>U.S. Treasury Dept.</u>		Date issued <u>June 22, 1940</u>
	Date of Birth <u>July 2, 1897</u>	Birth Place <u>Onida County, Franklin, Idaho</u>	Full Name of Mother <u>Sarah Ann Wright</u>		Date Orig. Entry <u>June 22, 1940</u>
SUPPORTING RECORD 3-	Type of Document <u>Affidavit by older Brother</u>		By whom issued and signed <u>Harold W. Bennett - age 71</u>		Date issued <u>12-21-57</u>
	Date of Birth <u>July 2, 1897</u>	Birth Place <u>Franklin, Idaho</u>	Full Name of Mother <u>Sarah Ann Wright</u>		Date Orig. Entry <u>12-21-57</u>
QUALIFYING INFORMATION	Name of Father <u>Hyrum Joseph Bennett</u>				
	Name of Father <u>Hyrum Joseph Bennett</u>				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>SS Shirley Cooper</u>		Date Filed <u>Jan. 3, 1958</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

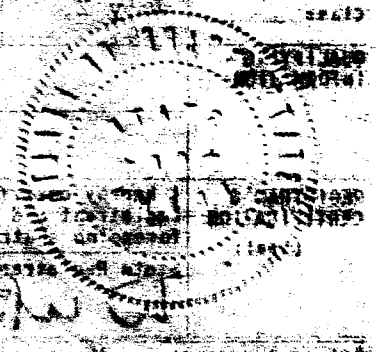
# DELANO CERTIFICATE OF BIRTH

STATE OF MICHIGAN

Department of Social Services  
Division of Vital Statistics  
Michigan State Capitol  
Lansing, Michigan 48224

1. Registered Birth Name at Birth <b>Barbara Bernice Bennett</b>		2. Date of Birth <b>July 2, 1937</b>	
3. Place of Birth <b>St. Joseph's Hospital, St. Joseph, Michigan</b>		4. Date of Birth <b>July 2, 1937</b>	
5. Name of Mother <b>Barbara Bernice Bennett</b>		6. Name of Father <b>William Joseph Bennett</b>	
7. State of Birth of Mother <b>Michigan</b>		8. State of Birth of Father <b>Michigan</b>	
9. Signature of Mother <i>[Signature]</i>		10. Signature of Father <i>[Signature]</i>	
11. Signature of Registrar <i>[Signature]</i>		12. Date of Registration <b>July 2, 1937</b>	

1. Name of Mother <b>Barbara Bernice Bennett</b>		2. Name of Father <b>William Joseph Bennett</b>	
3. Date of Birth of Mother <b>12-10-18</b>		4. Date of Birth of Father <b>12-10-18</b>	
5. Name of Mother <b>Barbara Bernice Bennett</b>		6. Name of Father <b>William Joseph Bennett</b>	
7. Date of Birth of Mother <b>12-10-18</b>		8. Date of Birth of Father <b>12-10-18</b>	
9. Name of Mother <b>Barbara Bernice Bennett</b>		10. Name of Father <b>William Joseph Bennett</b>	
11. Date of Birth of Mother <b>12-10-18</b>		12. Date of Birth of Father <b>12-10-18</b>	



13. Date of Birth of Child  
**July 2, 1937**

14. Name of Child  
**Barbara Bernice Bennett**

15. Date of Registration  
**July 2, 1937**

16. Signature of Registrar  
*[Signature]*

**DELAYED CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. De58-40  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

<b>REGISTRANT-</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Effie Bell Grayson</u>				2. Date (month) (day) (year) July 12 1897	
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Kooskia</u>	a. County <u>Idaho Co.</u>	b. City or Town of Birth <u>Kooskia, Idaho</u>	
<b>FATHER</b>	6. Full Name of Father <u>William Elsworth Grayson</u>				7. State or Country of Father's Birth <u>Elgin, Illinois</u>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <u>Ida Laura Wood</u>				9. State or Country of Mother's Birth <u>Columbia Co. Dayton, Wash.</u>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Effie Bell Grayson</u>	11. Present Address of Registrant <u>1615 7th St. Lewiston, Idaho.</u>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <u>Dec. 31 1957</u>			12. Signature of Notary <u>Earl J. Thorne</u>	13. Notary Commission expires <u>May 1 1961</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1.</b>	Type of Document <u>Affidavit by neighbor at time of birth, born 7-16-1870</u>		By whom issued and signed <u>Jessie Wood</u>		Date issued <u>11-28-56</u>
	Date of Birth <u>July 12, 1897</u>	Birth Place <u>Kooskia, Idaho</u>	Full Name of Mother <u>Ida Laura Wood</u>		Name of Father <u>William E. Grayson</u>
<b>SUPPORTING RECORD 2.</b>	Type of Document <u>Federal Census Record</u>		By whom issued and signed <u>U. S. Bureau of the Census</u>		Date issued <u>12-3-57</u>
	Date of Birth <u>(age 2) July 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Ida L. Grayson</u>		Name of Father <u>Wm. E. Grayson</u>
<b>SUPPORTING RECORD 3.</b>	Type of Document <u>own child's birth certificate</u>		By whom issued and signed <u>Washington #20 Record #35</u>		Date issued <u>7-26-43</u>
	Date of Birth <u>age 19</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>---</u>		Date Orig. Entry <u>child born Apr. 12, 1917</u>

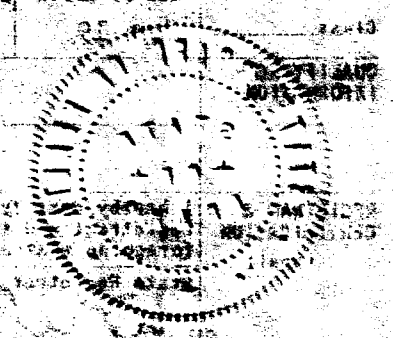
<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Nancy Richards</u>	Date Filed <u>Jan. 24, 1958</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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285-221-029-359

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-215

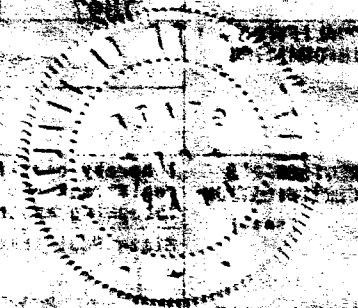
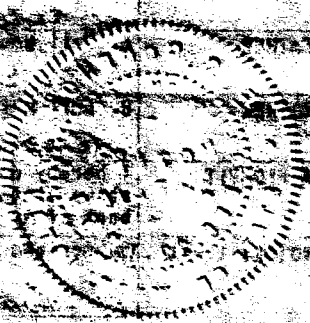
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Rachel Shepler</i>				2. Date (month) (day) (year) Of Birth <i>August 21 1897</i>	
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth a. County <i>Leland, Idaho</i>		b. City or Town of Birth <i>Leland, Idaho</i>	
FATHER	6. Full Name of Father <i>Marion E. Shepler</i>				7. State or Country of Father's Birth <i>Missouri</i>	
MOTHER	8. Full Maiden Name of Mother <i>Agnes Terteling</i>				9. State or Country of Mother's Birth <i>Missouri</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Rachel Shepler Patton</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 22nd 1957</i>				11. Present Address of Registrant <i>Clarkston, Washington</i>	
	12. Signature of Notary <i>[Signature]</i>				13. Notary Commission expires <i>Dec 22 1959</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document (present at birth) Affidavit by aunt, age 83		By whom issued and signed Lena J. Whitford		Date issued 10-11-57	Date Orig. Entry
	Date of Birth Aug. 21, 1897	Birth Place Leland, Idaho	Full Name of Mother Agnes Terteling Shepler		Name of Father Marion E. Shepler	
SUPPORTING RECORD 2-	Type of Document Marriage Record		By whom issued and signed Edmonton, Alberta, Canada		Date issued 7-3-43	Date Orig. Entry Nov. 27, 1918
	Date of Birth age 21	Birth Place USA	Full Name of Mother Agnes Terteling		Name of Father Marion Shepler	
SUPPORTING RECORD 3-	Type of Document School Record		By whom issued and signed C. L. Booth, Supt. Independent School Dist. #1, Lewiston, Ida.		Date issued 1-28-58	Date Orig. Entry Jan. 27, 1913
	Date of Birth Aug. 21, 1897	Birth Place ---	Full Name of Mother ---		Name of Father ---	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Jensen</i>			Evidence reviewed by nr Nancy Richards		Date Filed March 13, 1958

DECLAYED CERTIFICATE OF BIRTH  
STATE OF TEXAS

1911



Name of child		Date of birth		Place of birth	
Name of mother		Date of birth		Place of birth	
Name of father		Date of birth		Place of birth	
Name of informant		Date of birth		Place of birth	
Name of physician		Date of birth		Place of birth	
Name of midwife		Date of birth		Place of birth	
Name of nurse		Date of birth		Place of birth	
Name of doctor		Date of birth		Place of birth	
Name of hospital		Date of birth		Place of birth	
Name of clinic		Date of birth		Place of birth	
Name of dispensary		Date of birth		Place of birth	
Name of school		Date of birth		Place of birth	
Name of church		Date of birth		Place of birth	
Name of synagogue		Date of birth		Place of birth	
Name of mosque		Date of birth		Place of birth	
Name of temple		Date of birth		Place of birth	
Name of other place		Date of birth		Place of birth	

236-229,022-355

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Hilda Lee Stoddard</i>				2. Date (month) (day) (year) Of Birth <i>October 29 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Fremont</i>	a. County <i>Fremont</i>	b. City or Town of Birth <i>Beaver (Spencer)</i>	
FATHER	6. Full Name of Father <i>Samuel W. Stoddard</i>				7. State or Country of Father's Birth <i>Utah</i>	
MOTHER	8. Full Maiden Name of Mother <i>Harriet Lee</i>				9. State or Country of Mother's Birth <i>Utah</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Hilda Lee Moon</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 11 1958</i>				11. Present Address of Registrant <i>118 No. 1st East, Rexburg</i>	
	12. Signature of Notary <i>Mary Smith</i>				13. Notary Commission expires <i>June 25 1959</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <i>Affidavit by mother, age 78</i>		By whom issued and signed <i>Harriet Lee Stoddard</i>		Date issued <i>2-11-58</i>
	Date of Birth <i>Oct. 29, 1897</i>	Birth Place <i>Fremont Co. Beaver, Idaho</i>	Full Name of Mother <i>Harriet Lee Stoddard</i>		Name of Father <i>Samuel W. Stoddard</i>
SUPPORTING RECORD 2.	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>Equitable Life Assurance Soc.</i>		Date issued <i>11-12-25</i>
	Date of Birth <i>Oct. 29, 1897</i>	Birth Place <i>Fremont Co. Spencer, Idaho</i>	Full Name of Mother -----		Name of Father -----
SUPPORTING RECORD 3.	Type of Document <i>own child's birth certificate</i>		By whom issued and signed <i>Idaho #171177</i>		Date issued -----
	Date of Birth <i>age 31</i>	Birth Place <i>Spencer, Idaho</i>	Full Name of Mother -----		Date Orig. Entry <i>child born March 3, 1929</i>

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W W Jensen</i>	Evidence reviewed by <i>Nancy Richards</i>	Date Filed <i>March 13, 1958</i>

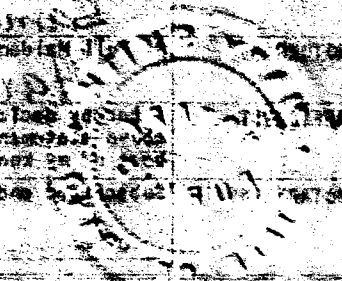


# DELAID CERTIFICATE OF BIRTH STATE OF ILLINOIS

MAR 14 1963

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1. Name of child at birth NANCY ELIZABETH		2. Sex F		3. Date of birth 11-11-33		4. Place of birth Chicago, Ill.		5. Name of mother NANCY ELIZABETH		6. Name of father NANCY ELIZABETH	
7. Name of mother at birth NANCY ELIZABETH		8. Name of father at birth NANCY ELIZABETH		9. Date of marriage 11-11-33		10. Place of marriage Chicago, Ill.		11. Name of mother at marriage NANCY ELIZABETH		12. Name of father at marriage NANCY ELIZABETH	
13. Name of mother at present NANCY ELIZABETH		14. Name of father at present NANCY ELIZABETH		15. Date of present marriage 11-11-33		16. Place of present marriage Chicago, Ill.		17. Name of mother at present marriage NANCY ELIZABETH		18. Name of father at present marriage NANCY ELIZABETH	
19. Name of mother at present birth NANCY ELIZABETH		20. Name of father at present birth NANCY ELIZABETH		21. Date of present birth 11-11-33		22. Place of present birth Chicago, Ill.		23. Name of mother at present birth NANCY ELIZABETH		24. Name of father at present birth NANCY ELIZABETH	



Date of birth: 11-11-33  
 Name of mother: NANCY ELIZABETH  
 Name of father: NANCY ELIZABETH  
 Date of marriage: 11-11-33  
 Place of marriage: Chicago, Ill.  
 Name of mother at marriage: NANCY ELIZABETH  
 Name of father at marriage: NANCY ELIZABETH  
 Name of mother at present: NANCY ELIZABETH  
 Name of father at present: NANCY ELIZABETH  
 Date of present marriage: 11-11-33  
 Place of present marriage: Chicago, Ill.  
 Name of mother at present marriage: NANCY ELIZABETH  
 Name of father at present marriage: NANCY ELIZABETH  
 Name of mother at present birth: NANCY ELIZABETH  
 Name of father at present birth: NANCY ELIZABETH  
 Date of present birth: 11-11-33  
 Place of present birth: Chicago, Ill.  
 Name of mother at present birth: NANCY ELIZABETH  
 Name of father at present birth: NANCY ELIZABETH

# 632-2151008-249 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Anna Sophia Olsen			2. Date (month) (day) (year) Of Birth September 15, 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth Boise	b. City or Town of Birth Horse Shoe Bend	
FATHER	6. Full Name of Father Martin Olsen			7. State or Country of Father's Birth Norway	
MOTHER	8. Full Maiden Name of Mother Cora Emily Smidt			9. State or Country of Mother's Birth Wyoming	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Anna O. Fry</i>	11. Present Address of Registrant Horseshoe Bend, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 17</i> 19 <i>58</i>			12. Signature of Notary <i>Martin L. Fry</i>	13. Notary Commission expires <i>May 29</i> 19 <i>61</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Insurance Policy		By whom issued and signed Sun Life Assurance Co. of Canada		Date issued 9-1-1930
	Date of Birth Sept. 15, 1897	Birth Place Horseshoe Bend, Idaho	Full Name of Mother ----		Name of Father -----
SUPPORTING RECORD 2-	Type of Document Own Child's birth certificate		By whom issued and signed State of Idaho #166442		Date issued November 25, 1928
	Date of Birth Age 31	Birth Place Horseshoe Bend, Idaho	Full Name of Mother ----		Name of Father -----
SUPPORTING RECORD 3-	Type of Document Affidavit by Mother		By whom issued and signed Cora E. Evans, Mother		Date issued 3-17-58
	Date of Birth Sept. 15, 1897	Birth Place Horseshoe Bend, Idaho	Full Name of Mother Cora Emily Smidt		Name of Father Martin Olsen

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by sc Shirley Cooper	Date Filed March 17, 1958

**MAR 17 1950**

[illegible]

763-210-022-459  
**DELAYED CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. De58-229

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth Sarah Ann Gold			2. Date (month) (day) (year) Of Birth October 10 1897		
	3. Color or Race white	4. Sex	5. Place of Birth Fremont - now	a. County Madison b. City or Town of Birth Independence		
<b>FATHER</b>	6. Full Name of Father Francis Gold			7. State or Country of Father's Birth Liverpool, England		
<b>MOTHER</b>	8. Full Maiden Name of Mother Margaret Eliza Merrill			9. State or Country of Mother's Birth Little Cottonwood, Salt Lake Cty, Utah		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Sarah A. Gold</i>		11. Present Address of Registrant 170 - 4th Street Idaho Falls, Idaho
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>February 17<sup>th</sup> 1958</i>			12. Signature of Notary <i>Dubert C. Clair</i>		13. Notary Commission expires <i>11-26 1961</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1.</b>	Type of Document (born 10-25-1884) Affidavit by brother		By whom issued and signed Louis L. Gold		Date issued 2-14-58
	Date of Birth Oct. 10, 1897	Birth Place Fremont (now Madison Co.) Independence, Idaho	Full Name of Mother (born in Utah) Margaret Eliza Merrill Gold		Name of Father (born in England) Francis Gold
<b>SUPPORTING RECORD 2.</b>	Type of Document Insurance Policy Application		By whom issued and signed Beneficial Life Ins. Co.		Date issued March 1, 1937
	Date of Birth Oct. 10, 1897	Birth Place Independence, Idaho	Full Name of Mother -----		Name of Father -----
<b>SUPPORTING RECORD 3.</b>	Type of Document Social Security Record		By whom issued and signed Treasury Dept.		Date issued Dec. 3, 1936
	Date of Birth Oct. 10, 1897	Birth Place Independence, Idaho	Full Name of Mother Margaret Merrill		Name of Father Frank Gold

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Nancy Richards	Date Filed March 18, 1958



# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De58-245**

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>MABEL ANITA WOODWORTH</b>			2. Date (month) (day) (year) Of Birth <b>MARCH 2 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Gooding</b>	a. County <b>Gooding, Idaho</b>		
<b>FATHER</b>	6. Full Name of Father <b>Ernest Laverne Woodworth</b>			7. State or Country of Father's Birth <b>Missouri</b>		
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Retta Jane Sims</b>			9. State or Country of Mother's Birth <b>Iowa</b>		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mabel Anita Adamson</i>		11. Present Address of Registrant <b>442 Montana Street Gooding, Idaho</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <b>December 5 1957</b>			12. Signature of Notary <i>Mary Schmitt</i>		13. Notary Commission expires <b>Feb. 10 1961</b>

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1.</b>	Type of Document <b>Voting Record</b>		By whom issued and signed <b>Gooding Co., Gooding, Idaho</b>		Date issued <b>11-22-57</b>	Date Orig. Entry <b>Aug. 5, 1930</b>
	Date of Birth <b>March 2, 1897</b>	Birth Place <b>Gooding, Idaho</b>	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>Hospital Record</b>		By whom issued and signed <b>Magic Valley Memorial Hosp. Twin Falls, Idaho</b>		Date issued <b>12-11-57</b>	Date Orig. Entry <b>Sept. 18, 1951</b>
	Date of Birth <b>March 2, 1897</b>	Birth Place <b>Gooding, Idaho</b>	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>Affidavit by sister, age 71</b>		By whom issued and signed <b>Alta Woodworth</b>		Date issued <b>3-10-58</b>	Date Orig. Entry
	Date of Birth <b>March 2, 1897</b>	Birth Place <b>Gooding, Idaho</b>	Full Name of Mother <b>Retta Jane Sims</b>		Name of Father <b>Ernest Laverne Woodworth</b>	
<b>QUALIFYING INFORMATION</b>	own child's birth certificate, Idaho #152869: child born May 26, 1927; mother age 30; birthplace Idaho.					
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>nr Nancy Richards</b>			Date Filed <b>March 20, 1958</b>

# STATE OF ILLINOIS DELAYED CERTIFICATE OF BIRTH

State of Illinois  
 Department of Health

1. Registered name of child at birth <b>ARLITA WOODWORTH</b>		2. Date of birth <b>1937</b>	
3. Place of birth <b>Chicago, Illinois</b>		4. Date of birth <b>1937</b>	
5. Full name of father <b>Edward Lawrence Woodworth</b>		6. State or County of father's birth <b>Illinois</b>	
7. Full name of mother <b>Edna Jane Sims</b>		8. State or County of mother's birth <b>Illinois</b>	
9. Signature of Registrar <b>W. H. [Signature]</b>		10. Signature of Registrar <b>W. H. [Signature]</b>	
11. Signature of Registrar <b>W. H. [Signature]</b>		12. Signature of Registrar <b>W. H. [Signature]</b>	
13. Date of birth <b>1937</b>		14. Date of birth <b>1937</b>	
15. Date of birth <b>1937</b>		16. Date of birth <b>1937</b>	
17. Date of birth <b>1937</b>		18. Date of birth <b>1937</b>	
19. Date of birth <b>1937</b>		20. Date of birth <b>1937</b>	
21. Date of birth <b>1937</b>		22. Date of birth <b>1937</b>	
23. Date of birth <b>1937</b>		24. Date of birth <b>1937</b>	
25. Date of birth <b>1937</b>		26. Date of birth <b>1937</b>	
27. Date of birth <b>1937</b>		28. Date of birth <b>1937</b>	
29. Date of birth <b>1937</b>		30. Date of birth <b>1937</b>	
31. Date of birth <b>1937</b>		32. Date of birth <b>1937</b>	
33. Date of birth <b>1937</b>		34. Date of birth <b>1937</b>	
35. Date of birth <b>1937</b>		36. Date of birth <b>1937</b>	
37. Date of birth <b>1937</b>		38. Date of birth <b>1937</b>	
39. Date of birth <b>1937</b>		40. Date of birth <b>1937</b>	
41. Date of birth <b>1937</b>		42. Date of birth <b>1937</b>	
43. Date of birth <b>1937</b>		44. Date of birth <b>1937</b>	
45. Date of birth <b>1937</b>		46. Date of birth <b>1937</b>	
47. Date of birth <b>1937</b>		48. Date of birth <b>1937</b>	
49. Date of birth <b>1937</b>		50. Date of birth <b>1937</b>	
51. Date of birth <b>1937</b>		52. Date of birth <b>1937</b>	
53. Date of birth <b>1937</b>		54. Date of birth <b>1937</b>	
55. Date of birth <b>1937</b>		56. Date of birth <b>1937</b>	
57. Date of birth <b>1937</b>		58. Date of birth <b>1937</b>	
59. Date of birth <b>1937</b>		60. Date of birth <b>1937</b>	
61. Date of birth <b>1937</b>		62. Date of birth <b>1937</b>	
63. Date of birth <b>1937</b>		64. Date of birth <b>1937</b>	
65. Date of birth <b>1937</b>		66. Date of birth <b>1937</b>	
67. Date of birth <b>1937</b>		68. Date of birth <b>1937</b>	
69. Date of birth <b>1937</b>		70. Date of birth <b>1937</b>	
71. Date of birth <b>1937</b>		72. Date of birth <b>1937</b>	
73. Date of birth <b>1937</b>		74. Date of birth <b>1937</b>	
75. Date of birth <b>1937</b>		76. Date of birth <b>1937</b>	
77. Date of birth <b>1937</b>		78. Date of birth <b>1937</b>	
79. Date of birth <b>1937</b>		80. Date of birth <b>1937</b>	
81. Date of birth <b>1937</b>		82. Date of birth <b>1937</b>	
83. Date of birth <b>1937</b>		84. Date of birth <b>1937</b>	
85. Date of birth <b>1937</b>		86. Date of birth <b>1937</b>	
87. Date of birth <b>1937</b>		88. Date of birth <b>1937</b>	
89. Date of birth <b>1937</b>		90. Date of birth <b>1937</b>	
91. Date of birth <b>1937</b>		92. Date of birth <b>1937</b>	
93. Date of birth <b>1937</b>		94. Date of birth <b>1937</b>	
95. Date of birth <b>1937</b>		96. Date of birth <b>1937</b>	
97. Date of birth <b>1937</b>		98. Date of birth <b>1937</b>	
99. Date of birth <b>1937</b>		100. Date of birth <b>1937</b>	



I hereby certify that no other birth certificate was found in the Division of Vital Statistics for the child named above, and that the foregoing information has been reviewed and found correct.  
 Date of birth: **1937**  
 Date of registration: **March 28, 1938**  
 Registrar: **W. H. [Signature]**  
 Registrar: **W. H. [Signature]**



# 291-215-022-954 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-253

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Hilda Remington Bradshaw</i>				2. Date (month) (day) (year) Of Birth <i>April 15 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Parker</i>	a. County <i>Fremont</i>	b. City or Town of Birth <i>Parker Idaho</i>	
FATHER	6. Full Name of Father <i>Robert Henry Bradshaw</i>				7. State or Country of Father's Birth <i>Utah</i>	
MOTHER	8. Full Maiden Name of Mother <i>Hannah Elma Remington</i>				9. State or Country of Mother's Birth <i>Paradise Utah</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Hilda R. Bradshaw</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 5 1958</i>				11. Present Address of Registrant <i>1412 - 14th St. Santa Monica, Calif.</i>	
					12. Signature of Notary <i>Louise C. Flier</i>	
					13. Notary Commission expires <i>STATE OF CALIFORNIA</i> <i>COUNTY OF LOS ANGELES</i> <i>My Commission Expires Feb. 6, 1962</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <i>Marriage Record</i>		By whom issued and signed <i>Alameda County, California</i>		Date issued <i>Aug. 29, 1927</i>
	Date of Birth <i>age 30</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>----</i>		Name of Father <i>----</i>
SUPPORTING RECORD 2.	Type of Document <i>Blessing--Patriarchal</i>		By whom issued and signed <i>Henry C. Jackson, Patriarch</i> <i>St. Anthony, Idaho</i>		Date issued <i>8-26-1898</i>
	Date of Birth <i>April 15, 1897</i>	Birth Place <i>Fremont Co. Parker, Idaho</i>	Full Name of Mother <i>Hannah E.R.J. Bradshaw</i>		Date Orig. Entry <i>Aug. 26, 1898</i>
SUPPORTING RECORD 3.	Type of Document <i>Family Pedigree Chart</i>		By whom issued and signed <i>Mrs. Elizabeth Parks</i> <i>Venice, Calif.</i>		Date issued <i>Oct. 26, 1948</i>
	Date of Birth <i>April 15, 1897</i>	Birth Place <i>Parker, Idaho</i>	Full Name of Mother (Remington) <i>Hannah Elma Bradshaw</i>		Date Orig. Entry <i>Oct. 26, 1948</i>
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by <i>Nancy Richards</i>	Date Filed <i>March 24, 1958</i>





265-215-038-269

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-380

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Elsie Sophia Koelkenbeck</i>		2. Date (month) (day) (year) Of Birth <i>Jan. 15, 1897</i>	
	3. Color or Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Payette</i>	a. County <i>Payette</i>
FATHER	6. Full Name of Father <i>Herman J. Koelkenbeck</i>		7. State or Country of Father's Birth <i>Belgium</i>	
MOTHER	8. Full Maiden Name of Mother <i>Wilhelmina (Minnie) Korn</i>		9. State or Country of Mother's Birth <i>Germany</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Ms. Elsie Sophia Tyler</i>	11. Present Address of Registrant <i>Cali 636 Hillcrest El Segundo</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 19th 1958</i>		12. Signature of Notary <i>James L. Richards</i>	13. Notary Commission expires <i>April 11th 1958</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Insurance Policy Application</i>		By whom issued and signed <i>New York Life Ins. Co.</i>	Date issued	Date Orig. Entry <i>May 20, 1932</i>
	Date of Birth <i>Jan. 15, 1897</i>	Birth Place <i>Payette, Idaho</i>	Full Name of Mother <i>-----</i>	Name of Father <i>-----</i>	
SUPPORTING RECORD 2-	Type of Document <i>Marriage Record</i>		By whom issued and signed <i>Orange County, California</i>	Date issued <i>2-21-58</i>	Date Orig. Entry <i>Jan. 20, 1925</i>
	Date of Birth <i>age 28</i>	Birth Place <i>Payette, Idaho</i>	Full Name of Mother <i>Minnie Korn</i>	Name of Father <i>Herman J. Koelkenbeck</i>	
SUPPORTING RECORD 3-	Type of Document <i>own child's birth certificate</i>		By whom issued and signed <i>California #14714</i>	Date issued <i>4-4-58</i>	Date Orig. Entry <i>child born Dec. 5, 1936</i>
	Date of Birth <i>age 39</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>-----</i>	Name of Father <i>---</i>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

*W. Benson*

Evidence reviewed by

*Nancy Richards*

Date Filed

*May 5, 1958*

**MAY 6 1958**

Handwritten text (likely bleed-through from the reverse side):

Handwritten text (likely bleed-through from the reverse side):

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time.

*[Faint, illegible markings and stamps]*

[illegible]

SECRET  
NOV 19 1954  
U.S. DEPARTMENT OF THE ARMY  
WASHINGTON, D.C.

Page 10 of 10

100

[illegible]

819518-016-669

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De58-433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Samuel Ross Haight</u>				2. Date (month) (day) (year) Of Birth <u>March 18, 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>M</u>	5. Place of Birth <u>Cassia</u>		6. City or Town of Birth <u>Oakley, Idaho</u>	
FATHER	6. Full Name of Father <u>Horton David Haight</u>				7. State or Country of Father's Birth <u>Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Polly Geneva Worthington</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Samuel Ross Haight</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 1<sup>st</sup> 1958</u>				11. Present Address of Registrant <u>Oakley Idaho</u>	
	12. Signature of Notary <u>Wallace A Hale</u>				13. Notary Commission expires <u>May 20<sup>th</sup> 1960</u>	
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document Affidavit by friend at time of birth, age		By whom issued and signed <u>87, Mrs. Lottie Bach</u>		Date issued <u>5-1-58</u>	Date Orig. Entry
	Date of Birth <u>March 18, 1897</u>	Birth Place <u>Cassia Co. Oakley, Idaho</u>	Full Name of Mother <u>Polly Geneva (Worthington) Haight &amp; Horton David Haight</u>		Name of Father	
SUPPORTING RECORD 2.	Type of Document Honorable Discharge		By whom issued and signed <u>U. S. Marine Corps</u>		Date issued <u>Feb. 11-19</u>	Date Orig. Entry <u>June 14, 1918</u>
	Date of Birth <u>March 18, 1897</u>	Birth Place <u>Oakley, Idaho</u>	Full Name of Mother <u>----</u>		Name of Father <u>----</u>	
SUPPORTING RECORD 3.	Type of Document own child's birth certificate		By whom issued and signed <u>Idaho #126827</u>		Date issued	Date Orig. Entry <u>child born Sept. 8, 1924</u>
	Date of Birth <u>age 27</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>----</u>		Name of Father <u>----</u>	
QUALIFYING INFORMATION	Family Record, dated in 1950: born at Oakley, Idaho on March 18, 1897.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W W Jensen</u>		Evidence reviewed by <u>Nancy Richards</u>		Date Filed <u>May 20, 1958</u>	

# DELAID CERTIFICATE OF BIRTH STATE OF LOUISIANA

27 MAY 1958

Name of child at birth		Sex		Date of birth		Place of birth	
Name of mother		Name of father		Date of marriage		Place of marriage	
Name of mother at birth		Name of father at birth		Date of birth of mother		Place of birth of mother	
Name of mother at marriage		Name of father at marriage		Date of birth of father		Place of birth of father	
Name of mother at present		Name of father at present		Date of birth of present mother		Place of birth of present mother	
Name of mother at present		Name of father at present		Date of birth of present father		Place of birth of present father	



Name of child at birth		Sex		Date of birth		Place of birth	
Name of mother		Name of father		Date of marriage		Place of marriage	
Name of mother at birth		Name of father at birth		Date of birth of mother		Place of birth of mother	
Name of mother at marriage		Name of father at marriage		Date of birth of father		Place of birth of father	
Name of mother at present		Name of father at present		Date of birth of present mother		Place of birth of present mother	
Name of mother at present		Name of father at present		Date of birth of present father		Place of birth of present father	

269-119-039-622

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-436

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Lon Christan Sorensen</b>				2. Date (month) (day) (year) Of Birth <b>February 19, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Power</b>	a. County <b>Power</b>		
FATHER	6. Full Name of Father <b>Elick Sorensen</b>				7. State or Country of Father's Birth <b>Denmark</b>	
MOTHER	8. Full Maiden Name of Mother <b>Hannah Okson</b>				9. State or Country of Mother's Birth <b>Sweden</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lon Sorensen</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 2/5 19 58</i>				11. Present Address of Registrant <i>2119 State St. Boise</i>	
	12. Signature of Notary <i>Orin J. Morris</i>				13. Notary Commission expires <i>2-12-1961</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Family Bible Record</b>		By whom issued and signed <b>Elick Sorensen - Father</b>		Date issued <b>Viewed by</b>	Date Orig. Entry <b>vital stat.</b>
	Date of Birth <b>Feb. 19, 1897</b>	Birth Place <b>---</b>	Full Name of Mother <b>Hannah Okson</b>		Name of Father <b>Elick Sorensen</b>	
SUPPORTING RECORD 2-	Type of Document <b>Affidavit by Brother</b>		By whom issued and signed <b>Andrew Sorensen</b>		Date issued <b>5-21-58</b>	Date Orig. Entry
	Date of Birth <b>Feb 19, 1897</b>	Birth Place <b>American Falls Idaho</b>	Full Name of Mother <b>Hannah Okson</b>		Name of Father <b>Elick Sorensen</b>	
SUPPORTING RECORD 3-	Type of Document <b>Beneficial Life Insurance Policy</b>		By whom issued and signed <b>Beneficial Life Ins. Co. of Utah</b>		Date issued	Date Orig. Entry <b>Dec 24, 1937</b>
	Date of Birth <b>Feb 19, 1897</b>	Birth Place <b>American Falls Idaho</b>	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>sc Joyce B. Foltz</b>	Date Filed <b>May 22, 1958</b>

# STATE OF ILLINOIS DEPARTMENT OF HEALTH

1928-430

1. Name of Person	2. Date of Birth	3. Sex	4. Race	5. Color of Skin	6. Height	7. Weight	8. Eyes	9. Hair	10. Complexion	11. Occupation	12. Address	13. City	14. State	15. Country	16. Date of Entry	17. Name of Ship	18. Name of Agent	19. Name of Physician	20. Name of Hospital	21. Name of Nurse	22. Name of Doctor	23. Name of Midwife	24. Name of Other Attendant	25. Name of Other Person	26. Name of Other Person	27. Name of Other Person	28. Name of Other Person	29. Name of Other Person	30. Name of Other Person
John S. Sorenson	February 19, 1897	Male	White	White	5-10	150	Blue	Brown	Fair	Farmer	1000 N. 1st St.	Chicago	Ill.	U.S.A.	Jan 15, 1928	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	



1. Name of Person	2. Date of Birth	3. Sex	4. Race	5. Color of Skin	6. Height	7. Weight	8. Eyes	9. Hair	10. Complexion	11. Occupation	12. Address	13. City	14. State	15. Country	16. Date of Entry	17. Name of Ship	18. Name of Agent	19. Name of Physician	20. Name of Hospital	21. Name of Nurse	22. Name of Doctor	23. Name of Midwife	24. Name of Other Attendant	25. Name of Other Person	26. Name of Other Person	27. Name of Other Person	28. Name of Other Person	29. Name of Other Person	30. Name of Other Person
John S. Sorenson	February 19, 1897	Male	White	White	5-10	150	Blue	Brown	Fair	Farmer	1000 N. 1st St.	Chicago	Ill.	U.S.A.	Jan 15, 1928	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	



1. Name of Person	2. Date of Birth	3. Sex	4. Race	5. Color of Skin	6. Height	7. Weight	8. Eyes	9. Hair	10. Complexion	11. Occupation	12. Address	13. City	14. State	15. Country	16. Date of Entry	17. Name of Ship	18. Name of Agent	19. Name of Physician	20. Name of Hospital	21. Name of Nurse	22. Name of Doctor	23. Name of Midwife	24. Name of Other Attendant	25. Name of Other Person	26. Name of Other Person	27. Name of Other Person	28. Name of Other Person	29. Name of Other Person	30. Name of Other Person
John S. Sorenson	February 19, 1897	Male	White	White	5-10	150	Blue	Brown	Fair	Farmer	1000 N. 1st St.	Chicago	Ill.	U.S.A.	Jan 15, 1928	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	SS. Sorenson	

453-231-004-386

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De58-481

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Sarah Avilda Mecham			2. Date (month) (day) (year) Of Birth July 31 1897		
	3. Color or Race White	4. Sex F	5. Place of Birth a. County Liberty, Idaho Bear Lake		b. City or Town of Birth Liberty, Idaho	
FATHER	6. Full Name of Father William Mecham			7. State or Country of Father's Birth Franklin, Idaho		
MOTHER	8. Full Maiden Name of Mother Sarah Elizabeth Lyon			9. State or Country of Mother's Birth Hyde, Park, Utah.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Sarah Avilda Mecham		11. Present Address of Registrant 256 N. Stout Ave Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 14, 1957			12. Signature of Notary 		13. Notary Commission expires January 6, 1960
APPLICANT — DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1-	Type of Document Church Record		By whom issued and signed LDS Church Salt Lake City, Utah		Date issued 7-2-57	Date Orig. Entry Sept. 18, 1897
	Date of Birth July 31, 1897	Birth Place Bear Lake Co. Liberty, Idaho	Full Name of Mother Sarah Lyon		Name of Father William Mecham	
SUPPORTING RECORD 2-	Type of Document Affidavit by uncle, age 77		By whom issued and signed John J. Lyon		Date issued 5-15-58	Date Orig. Entry
	Date of Birth July 31, 1897	Birth Place Bear Lake Co. Liberty, Idaho	Full Name of Mother Sarah Elizabeth Lyon		Name of Father William Mecham	
SUPPORTING RECORD 3-	Type of Document own child's birth certificate		By whom issued and signed Idaho #176744		Date issued	Date Orig. Entry child born Nov. 22, 1929
	Date of Birth age 32	Birth Place Liberty, Idaho	Full Name of Mother ---		Name of Father ---	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			Evidence reviewed by Nancy Richards		Date Filed June 6, 1958
State Registrar 						



# STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

1. Name of child at birth _____		2. Date of birth _____		3. Place of birth _____		4. Name of mother _____	
5. Name of father _____		6. Name of child at birth _____		7. Date of birth _____		8. Place of birth _____	
9. Name of mother _____		10. Name of father _____		11. Name of child at birth _____		12. Date of birth _____	
13. Place of birth _____		14. Name of mother _____		15. Name of father _____		16. Name of child at birth _____	
17. Date of birth _____		18. Place of birth _____		19. Name of mother _____		20. Name of father _____	
21. Name of child at birth _____		22. Date of birth _____		23. Place of birth _____		24. Name of mother _____	
25. Name of father _____		26. Name of child at birth _____		27. Date of birth _____		28. Place of birth _____	
29. Name of mother _____		30. Name of father _____		31. Name of child at birth _____		32. Date of birth _____	
33. Place of birth _____		34. Name of mother _____		35. Name of father _____		36. Name of child at birth _____	
37. Date of birth _____		38. Place of birth _____		39. Name of mother _____		40. Name of father _____	
41. Name of child at birth _____		42. Date of birth _____		43. Place of birth _____		44. Name of mother _____	
45. Name of father _____		46. Name of child at birth _____		47. Date of birth _____		48. Place of birth _____	
49. Name of mother _____		50. Name of father _____		51. Name of child at birth _____		52. Date of birth _____	
53. Place of birth _____		54. Name of mother _____		55. Name of father _____		56. Name of child at birth _____	
57. Date of birth _____		58. Place of birth _____		59. Name of mother _____		60. Name of father _____	
61. Name of child at birth _____		62. Date of birth _____		63. Place of birth _____		64. Name of mother _____	
65. Name of father _____		66. Name of child at birth _____		67. Date of birth _____		68. Place of birth _____	
69. Name of mother _____		70. Name of father _____		71. Name of child at birth _____		72. Date of birth _____	
73. Place of birth _____		74. Name of mother _____		75. Name of father _____		76. Name of child at birth _____	
77. Date of birth _____		78. Place of birth _____		79. Name of mother _____		80. Name of father _____	
81. Name of child at birth _____		82. Date of birth _____		83. Place of birth _____		84. Name of mother _____	
85. Name of father _____		86. Name of child at birth _____		87. Date of birth _____		88. Place of birth _____	
89. Name of mother _____		90. Name of father _____		91. Name of child at birth _____		92. Date of birth _____	
93. Place of birth _____		94. Name of mother _____		95. Name of father _____		96. Name of child at birth _____	
97. Date of birth _____		98. Place of birth _____		99. Name of mother _____		100. Name of father _____	



*[Handwritten signatures and notes in the center of the form]*

RECEIVED  
 DEPARTMENT OF HEALTH  
 STATE OF IDAHO

DATE FILED  
 \_\_\_\_\_

EVIDENCE REVIEWED BY  
 \_\_\_\_\_

DATE REVIEWED  
 \_\_\_\_\_

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De58-516  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

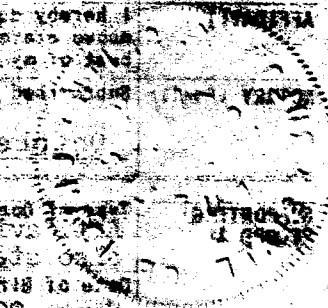
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Frank Hartkopf</b>			2. Date (month) (day) (year) Of Birth <b>September 22, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>M.</b>	5. Place of Birth a. County <b>Canyon</b>	b. City or Town of Birth <b>Caldwell</b>	
FATHER	6. Full Name of Father <b>Samuel D. Hartkopf</b>			7. State or Country of Father's Birth <b>Missouri</b>	
MOTHER	8. Full Maiden Name of Mother <b>Annie Hesse</b>			9. State or Country of Mother's Birth <b>Missouri</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Frank Hartkopf</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>October 16 1957</b>			11. Present Address of Registrant <b>Blackfoot, Idaho</b>	
	12. Signature of Notary <i>Rulon K. Smith</i>			13. Notary Commission expires <b>Feb 24 1961</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>Affidavit by mother's sister, also stepmother, age 83</b>		By whom issued and signed <b>Lena Hartkopf</b>		Date issued <b>10-16-57</b>
	Date of Birth <b>Sept. 22, 1897</b>	Birth Place <b>Caldwell, Idaho</b>	Full Name of Mother <b>Annie Hesse Hartkopf</b>		Name of Father <b>Samuel D. Hartkopf</b>
SUPPORTING RECORD 2.	Type of Document <b>Insurance policy application</b>		By whom issued and signed <b>Equitable Life Assurance Soc. of the U. S.</b>		Date issued <b>1-9-31</b>
	Date of Birth <b>Sept. 22, 1897</b>	Birth Place <b>Caldwell, Idaho</b>	Full Name of Mother <b>Annie Hesse</b>		Name of Father <b>Samuel D. Hartkopf</b>
SUPPORTING RECORD 3.	Type of Document <b>Social Security Record</b>		By whom issued and signed <b>Treasury Dept.</b>		Date issued <b>Apr. 9, 1952</b>
	Date of Birth <b>Sept. 22, 1897</b>	Birth Place <b>Canyon Co. Caldwell, Idaho</b>	Full Name of Mother <b>Annie Hesse</b>		Name of Father <b>Samuel D. Hartkopf</b>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i> nr		Evidence reviewed by <b>Nancy Richards</b>		Date Filed <b>June 17, 1958</b>

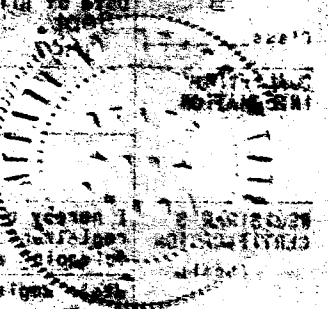
# DELATED CERTIFICATE OF BIRTH STATE OF MICHIGAN

Division of Health Statistics  
 Lansing, Michigan

1. Name of child at birth [Name]		2. Sex of child [Male/Female]		3. Date of birth [Date]		4. Time of birth [Time]	
5. Place of birth [Place]		6. Name of mother [Name]		7. Name of father [Name]		8. Name of informant [Name]	
9. State of birth [State]		10. Date of registration [Date]		11. Signature of Registrar [Signature]		12. Signature of Informant [Signature]	



1. Name of child at birth [Name]		2. Sex of child [Male/Female]		3. Date of birth [Date]		4. Time of birth [Time]	
5. Place of birth [Place]		6. Name of mother [Name]		7. Name of father [Name]		8. Name of informant [Name]	
9. State of birth [State]		10. Date of registration [Date]		11. Signature of Registrar [Signature]		12. Signature of Informant [Signature]	



1. Name of child at birth [Name]		2. Sex of child [Male/Female]		3. Date of birth [Date]		4. Time of birth [Time]	
5. Place of birth [Place]		6. Name of mother [Name]		7. Name of father [Name]		8. Name of informant [Name]	
9. State of birth [State]		10. Date of registration [Date]		11. Signature of Registrar [Signature]		12. Signature of Informant [Signature]	

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De-58-540**

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>CLARENCE MARION MULKEY</b>				2. Date (month) (day) (year) Of Birth <b>February 21st, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Clyde, Idaho Blaine</b>		b. City or Town of Birth <b>Clyde, Idaho</b>	
<b>FATHER</b>	6. Full Name of Father <b>Columbus Marion Mulkey</b>				7. State or Country of Father's Birth <b>Missouri</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Nellie Maggie (Reddington) Mulkey</b>				9. State or Country of Mother's Birth <b>Missouri</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Clarence Marion Mulkey</i>	11. Present Address of Registrant <b>5837 North Haven Drive, North Highlands, California</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <b>May 21st 1958</b>				12. Signature of Notary <i>Edward L. Yee</i>	13. Notary Commission expires Notary Public in and for the County of Sacramento, State of California. My commission expires July 6, 1958.

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Affadavit by mother</b>		By whom issued and signed <b>Nellie M. Mulkey</b>		Date issued <b>6-9-1958</b>	Date Orig. Entry
	Date of Birth <b>2-21-1897</b>	Birth Place <b>Clyde, Idaho</b>	Full Name of Mother <b>Nellie Maggie Mulkey</b>		Name of Father <b>Columbus Marion Mulkey</b>	
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Application for Federal Employment.</b>		By whom issued and signed <b>U.S. Civil Service Commission</b>		Date issued <b>5-15-1951</b>	Date Orig. Entry
	Date of Birth <b>Feb. 21, 1897</b>	Birth Place <b>Clyde, Idaho</b>	Full Name of Mother		Name of Father	
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Personnel Security Questionnaire</b>		By whom issued and signed <b>San Francisco Ordnance District</b>		Date issued <b>1-3-1952</b>	Date Orig. Entry
	Date of Birth <b>2-21-1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Nellie Mulkey</b>		Name of Father <b>Columbus Marion Mulkey</b>	

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION**  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Hazel L. Hurlbert</b>	Date Filed <b>June 20, 1958</b>
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155-101-022-619  
**DELAYED CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. **658-542**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Alvin Ward Jensen</b>				2. Date of Birth <b>July 1 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Idaho Fremont</b>		b. City or Town of Birth <b>Salem</b>	
<b>FATHER</b>	6. Full Name of Father <b>Erastus Jensen</b>				7. State or Country of Father's Birth <b>Utah</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Martha Ann Ward</b>				9. State or Country of Mother's Birth <b>Utah</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Alvin Ward Jensen</i>		11. Present Address of Registrant <b>Pocatello, Idaho</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>15 September 1952</i>			12. Signature of Notary <i>M. Ballard Cooper</i>		13. Notary Commission expires <i>Oct 1 1952</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1.</b>	Type of Document <b>Letter re date and place of birth</b>		By whom issued and signed <b>L. D. S. Church, Pocatello</b>		Date issued <b>9/6/52</b>
	Date of Birth <b>July 1, 1897</b>	Birth Place <b>Salem, Idaho</b>	Full Name of Mother <b>E. G. Barlow, Bishop</b>		Name of Father
Class* <b>B</b>					
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>Certificate of Ordination</b>		By whom issued and signed <b>L. D. S. Church</b>		Date issued <b>Feb. 20, 1916</b>
	Date of Birth <b>July 1, 1897</b>	Birth Place <b>Salem, Idaho</b>	Full Name of Mother <b>Martha Ann Ward</b>		Name of Father <b>Erastus Jensen</b>
Class <b>B</b>					
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>Personnel Security Questionnaire Atomic Energy Commission</b>		By whom issued and signed		Date issued <b>9-9-52</b>
	Date of Birth <b>July 1, 1897</b>	Birth Place <b>Salem, Idaho</b>	Full Name of Mother		Name of Father
Class _____					

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Carolyn Hoffman</b>	Date Filed <b>June 19, 1958</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

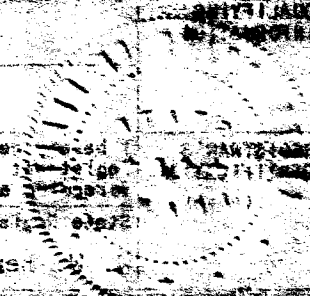
# DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

JAN 28 1964

JUN 1 1964

<p>1. Name of child: <b>BRUCE ANN JENSEN</b></p> <p>2. Sex: <b>F</b></p> <p>3. Date of birth: <b>7-1-1937</b></p> <p>4. Place of birth: <b>JEFFERSON, IOWA</b></p> <p>5. Name of mother: <b>BRUCE ANN JENSEN</b></p> <p>6. Name of father: <b>BRUCE ANN JENSEN</b></p> <p>7. State of birth: <b>IOWA</b></p> <p>8. State of mother: <b>IOWA</b></p> <p>9. State of father: <b>IOWA</b></p> <p>10. Address of mother: <b>BRUCE ANN JENSEN</b></p> <p>11. Address of father: <b>BRUCE ANN JENSEN</b></p> <p>12. Name of mother: <b>BRUCE ANN JENSEN</b></p> <p>13. Name of father: <b>BRUCE ANN JENSEN</b></p> <p>14. Name of mother: <b>BRUCE ANN JENSEN</b></p> <p>15. Name of father: <b>BRUCE ANN JENSEN</b></p>		<p>16. Name of mother: <b>BRUCE ANN JENSEN</b></p> <p>17. Name of father: <b>BRUCE ANN JENSEN</b></p> <p>18. Name of mother: <b>BRUCE ANN JENSEN</b></p> <p>19. Name of father: <b>BRUCE ANN JENSEN</b></p> <p>20. Name of mother: <b>BRUCE ANN JENSEN</b></p> <p>21. Name of father: <b>BRUCE ANN JENSEN</b></p> <p>22. Name of mother: <b>BRUCE ANN JENSEN</b></p> <p>23. Name of father: <b>BRUCE ANN JENSEN</b></p> <p>24. Name of mother: <b>BRUCE ANN JENSEN</b></p> <p>25. Name of father: <b>BRUCE ANN JENSEN</b></p>	
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Witnessed by: **Carolyn Hoffman**

Date filed: **June 13, 1964**

I hereby certify that no other birth certificate has been issued in the Division of Vital Statistics for this child, and that the foregoing information has been reviewed, and is correct and true.

493172-033-493

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De58-569

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Charles Conrad Miller</b>			2. Date (month) (day) (year) Of Birth <b>May 12 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Madison Co.</b>		b. City or Town of Birth <b>Salem, Idaho</b>	
<b>FATHER</b>	6. Full Name of Father <b>Conrad Miller</b>			7. State or Country of Father's Birth <b>Switzerland</b>		
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Anna Miller</b>			9. State or Country of Mother's Birth <b>Switzerland</b>		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Charles Conrad Miller</i>		11. Present Address of Registrant <b>St. Anthony, Idaho</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>June 21 1958</i>			12. Signature of Notary <i>Phyllis Harper-Dietzel</i>		13. Notary Commission expires <i>12-20 1959</i>
<b>APPLICANT - DO NOT WRITE BELOW THIS LINE</b>						
<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Affidavit by neighbor at time of birth,</b> born in <b>1897</b> Date of Birth <b>May 12, 1897</b> Birth Place <b>-----</b>			By whom issued and signed <b>O. K. Meservy</b>		Date issued <b>3-15-58</b> Date Orig. Entry <b>-----</b>
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Church Record--Blessing</b> Date of Birth <b>May 12, 1897</b> Birth Place <b>Salem, Idaho</b>			By whom issued and signed <b>Bannock Stake, Salem Ward</b> <b>LDS Church</b> Full Name of Mother (maiden name same) <b>Anie Muller</b>		Date issued <b>3-3-58</b> Date Orig. Entry <b>July 4, 1897</b> Name of Father <b>Charles Conrad Miller</b>
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Employment Record</b> Date of Birth <b>May 12, 1897</b> Birth Place <b>Salem, Idaho</b>			By whom issued and signed <b>Associated Seed Growers, Inc.</b> Full Name of Mother <b>-----</b>		Date issued <b>-----</b> Date Orig. Entry <b>June 1928</b> Name of Father <b>-----</b>
<b>QUALIFYING INFORMATION</b>						
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			Evidence reviewed by <b>Nancy Richards</b>		Date Filed <b>June 26, 1958</b>



**JUN 26 1960**

[illegible]

291-431-006-632

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-604

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Robert Lorenzo Bradshaw</i>					2. Date (month) (day) (year) Of Birth <i>May 31 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>male</i>	5. Place of Birth <i>Shelley, Ida. Bingham</i>	a. County	b. City or Town of Birth <i>Shelley Idaho</i>			
FATHER	6. Full Name of Father <i>Samuel Hage Bradshaw</i>					7. State or Country of Father's Birth <i>Hyrum Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Anetta Dorethy Olsen</i>					9. State or Country of Mother's Birth <i>Oslo Norway</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Robert Lorenzo Bradshaw</i>		11. Present Address of Registrant <i>Rigby Idaho R2</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 28 1958</i>					12. Signature of Notary <i>J. E. Evans</i>		13. Notary Commission expires <i>1<sup>st</sup> 1961</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Church Record--Baptism</i>		By whom issued and signed <i>Shelton Ward, East Rigby Stake LDS Church</i>	Date issued <i>4-1-58</i>	Date Orig. Entry <i>June 1905</i>
	Date of Birth <i>May 31, 1897</i>	Birth Place <i>Bingham Co. Shelley, Idaho</i>	Full Name of Mother <i>Annetta Olsen</i>	Name of Father <i>Samuel Hage Bradshaw</i>	
SUPPORTING RECORD 2.	Type of Document <i>Affidavit by neighbor at time of birth, age 79, Delia A. Whitmill</i>		By whom issued and signed	Date issued <i>4-28-58</i>	Date Orig. Entry
	Date of Birth <i>May 31, 1897</i>	Birth Place <i>Bingham Co. Shelley, Idaho</i>	Full Name of Mother <i>Anetta Dorethy Olsen</i>	Name of Father <i>Sammuel H. Bradshaw</i>	
SUPPORTING RECORD 3.	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>Mutual Benefit Health &amp; Accident Assoc.</i>	Date issued <i>4-21-42</i>	Date Orig. Entry <i>April 16, 1942</i>
	Date of Birth <i>May 31, 1897</i>	Birth Place <i>Idaho</i>	Full Name of Mother	Name of Father	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

*W. W. Benson*

nr Nancy Richards

July 9, 1958

# STATE OF IOWA DECEASED CERTIFICATE OF BIRTH

NO. 1050

<p>1. Name of deceased at birth</p>		<p>2. Date of birth</p>		<p>3. Place of birth</p>	
<p>4. Name of deceased at death</p>		<p>5. Date of death</p>		<p>6. Place of death</p>	
<p>7. Name of father</p>		<p>8. Name of mother</p>		<p>9. Name of spouse</p>	
<p>10. Name of next of kin</p>		<p>11. Name of executor</p>		<p>12. Name of administrator</p>	
<p>13. Name of guardian</p>		<p>14. Name of trustee</p>		<p>15. Name of agent</p>	
<p>16. Name of attorney</p>		<p>17. Name of clerk</p>		<p>18. Name of judge</p>	
<p>19. Name of sheriff</p>		<p>20. Name of coroner</p>		<p>21. Name of registrar</p>	
<p>22. Name of clerk of court</p>		<p>23. Name of clerk of county</p>		<p>24. Name of clerk of township</p>	
<p>25. Name of clerk of precinct</p>		<p>26. Name of clerk of school</p>		<p>27. Name of clerk of church</p>	
<p>28. Name of clerk of synagogue</p>		<p>29. Name of clerk of mosque</p>		<p>30. Name of clerk of temple</p>	
<p>31. Name of clerk of hall</p>		<p>32. Name of clerk of club</p>		<p>33. Name of clerk of association</p>	
<p>34. Name of clerk of union</p>		<p>35. Name of clerk of league</p>		<p>36. Name of clerk of order</p>	
<p>37. Name of clerk of society</p>		<p>38. Name of clerk of fraternity</p>		<p>39. Name of clerk of brotherhood</p>	
<p>40. Name of clerk of guild</p>		<p>41. Name of clerk of lodge</p>		<p>42. Name of clerk of chapter</p>	
<p>43. Name of clerk of council</p>		<p>44. Name of clerk of district</p>		<p>45. Name of clerk of province</p>	
<p>46. Name of clerk of kingdom</p>		<p>47. Name of clerk of empire</p>		<p>48. Name of clerk of world</p>	
<p>49. Name of clerk of universe</p>		<p>50. Name of clerk of all things</p>		<p>51. Name of clerk of everything</p>	
<p>52. Name of clerk of nothing</p>		<p>53. Name of clerk of some things</p>		<p>54. Name of clerk of other things</p>	
<p>55. Name of clerk of all things and other things</p>		<p>56. Name of clerk of everything and nothing</p>		<p>57. Name of clerk of nothing and everything</p>	
<p>58. Name of clerk of everything and nothing and everything</p>		<p>59. Name of clerk of nothing and everything and nothing</p>		<p>60. Name of clerk of everything and nothing and everything and nothing</p>	
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<p>64. Name of clerk of everything and nothing and everything and nothing and everything</p>		<p>65. Name of clerk of nothing and everything and nothing and everything and nothing</p>		<p>66. Name of clerk of everything and nothing and everything and nothing and everything and nothing</p>	
<p>67. Name of clerk of nothing and everything and nothing and everything and nothing and everything</p>		<p>68. Name of clerk of everything and nothing and everything and nothing and everything and nothing</p>		<p>69. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing</p>	
<p>70. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything</p>		<p>71. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing</p>		<p>72. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing</p>	
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<p>76. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing</p>		<p>77. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing</p>		<p>78. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing</p>	
<p>79. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing</p>		<p>80. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing</p>		<p>81. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing</p>	
<p>82. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing</p>		<p>83. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing</p>		<p>84. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing</p>	
<p>85. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing</p>		<p>86. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing</p>		<p>87. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing</p>	
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<p>91. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing</p>		<p>92. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>		<p>93. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing</p>	
<p>94. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>		<p>95. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>		<p>96. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>	
<p>97. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>		<p>98. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>		<p>99. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>	
<p>100. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>		<p>101. Name of clerk of nothing and everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>		<p>102. Name of clerk of everything and nothing and everything and nothing and everything and nothing and everything and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing and nothing</p>	



State of Iowa  
Department of Health  
Office of the Registrar  
Des Moines, Iowa

219-2071028-281

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-634

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Idella Josephine Barnes</b>			2. Date (month) (day) (year) Of Birth <b>September 7 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Kootenai</b>	b. City or Town of Birth <b>Coeur d'Alene, Idaho</b>		
FATHER	6. Full Name of Father <b>Richard O. Barnes</b>			7. State or Country of Father's Birth <b>California</b>		
MOTHER	8. Full Maiden Name of Mother <b>Mabel C. Shaner</b>			9. State or Country of Mother's Birth <b>Minnesota</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Idella Josephine Young</i>		11. Present Address of Registrant <b>Rt. 2, Coeur d'Alene Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>June 27 19 58</b>			12. Signature of Notary <i>Allen B. Richards</i>		13. Notary Commission expires <b>March 4, 19 61</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>School Record</b>		By whom issued and signed <b>Kootenai Co. Coeur d'Alene, Idaho</b>		Date issued <b>1-15-58</b>	Date Orig. Entry <b>Oct. 1, 1908</b>
	Date of Birth <b>age 11</b>	Birth Place <b>---</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	
SUPPORTING RECORD 2-	Type of Document <b>Bible Record (Photostat)</b>		By whom issued and signed <b>Original viewed by Notary Public Albert R. Nichols; Idaho.</b>		Date issued <b>6-27-58</b>	Date Orig. Entry <b>Old Record.</b>
	Date of Birth <b>Sept 7, 1897</b>	Birth Place <b>---</b>	Full Name of Mother <b>Mabel C. Shaner</b>		Name of Father <b>Richard O. Barnes</b>	
SUPPORTING RECORD 3-	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #277092</b>		Date issued	Date Orig. Entry <b>child born Jan. 1, 1939</b>
	Date of Birth <b>age 41</b>	Birth Place <b>Coeur d'Alene, Ida.</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	

### QUALIFYING INFORMATION

Marriage Record, Kootenai County, Idaho; age 24 as of Oct. 15, 1921.

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>W. W. Benson</i>	Evidence reviewed by nr <b>Nancy Richards</b>
Date Filed <b>July 22, 1958</b>	

# STATE OF IOWA DELAYED CERTIFICATE OF BIRTH

JUL 23 1938

Date of Birth July 23, 1938		Place of Birth Iowa	
Name of Child [Illegible]		Sex Male	
Date of Delayed Certificate [Illegible]		Reason for Delay [Illegible]	
Signature of Registrar [Illegible]		Signature of Parent [Illegible]	
Date of Registration [Illegible]		Office of Registrar [Illegible]	

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De58-637  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Mary McDonald</b>				2. Date (month) (day) (year) <b>May 16 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Kootenai</b>	b. City or Town of Birth <b>Athol (Rathdrum precinct)</b>		
FATHER	6. Full Name of Father <b>James McDonald</b>				7. State or Country of Father's Birth <b>Chippewa Falls, Wisconsin</b>		
MOTHER	8. Full Maiden Name of Mother <b>Cora May Bailey</b>				9. State or Country of Mother's Birth <b>Alma, State of Washington, USA</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mary McDonald Antoinette</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>August 22 1957</b>				11. Present Address of Registrant <b>Rt. 6, Box 354, Richmond, Va.</b>		
	12. Signature of Notary <i>E. Elizabeth King</i>				13. Notary Commission expires <b>June 3, 1958</b>		

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <b>Federal Census Record</b>		By whom issued and signed <b>U. S. Dept. of Commerce Bureau of the Census</b>		Date issued <b>8-5-57</b>	Date Orig. Entry <b>June 1, 1900</b>	
	Class* <b>A</b>	Date of Birth <b>May 1897 (age 3)</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Cora McDonald</b>		Name of Father <b>James McDonald</b>	
SUPPORTING RECORD 2.	Type of Document <b>Baptismal Record</b>		By whom issued and signed <b>St. Peter's Catholic Church Rev. Edmund C. Kiefer</b>		Date issued <b>9-28-57</b>	Date Orig. Entry <b>12-19-20</b>	
	Class <b>B</b>	Date of Birth <b>5/16/1897</b>	Birth Place <b>Athol, Idaho</b>	Full Name of Mother <b>Cora Bailey McDonald</b>		Name of Father <b>James McDonald</b>	
SUPPORTING RECORD 3.	Type of Document (photostat) <b>Passport Application</b>		By whom issued and signed <b>Passport Office (Aust. Consul Gen.) U. S. Department of State</b>		Date issued <b>9/19/19</b>	Date Orig. Entry <b>9/19/19</b>	
	Class <b>B</b>	Date of Birth <b>5/16/1897</b>	Birth Place <b>Athol, Idaho</b>	Full Name of Mother <b>Cora Bailey McDonald</b>		Name of Father <b>James McDonald</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>nr Nancy Richards</b>	Date Filed <b>July 23, 1958</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

Case No. 100-10000  
Date of Birth  
Date of Death

1. Name of Person		2. Date of Birth		3. Date of Death	
4. Place of Birth		5. Place of Death		6. Place of Burial	
7. Name of Person		8. Date of Birth		9. Date of Death	
10. Place of Birth		11. Place of Death		12. Place of Burial	
13. Name of Person		14. Date of Birth		15. Date of Death	
16. Place of Birth		17. Place of Death		18. Place of Burial	
19. Name of Person		20. Date of Birth		21. Date of Death	
22. Place of Birth		23. Place of Death		24. Place of Burial	
25. Name of Person		26. Date of Birth		27. Date of Death	
28. Place of Birth		29. Place of Death		30. Place of Burial	
31. Name of Person		32. Date of Birth		33. Date of Death	
34. Place of Birth		35. Place of Death		36. Place of Burial	
37. Name of Person		38. Date of Birth		39. Date of Death	
40. Place of Birth		41. Place of Death		42. Place of Burial	
43. Name of Person		44. Date of Birth		45. Date of Death	
46. Place of Birth		47. Place of Death		48. Place of Burial	
49. Name of Person		50. Date of Birth		51. Date of Death	
52. Place of Birth		53. Place of Death		54. Place of Burial	
55. Name of Person		56. Date of Birth		57. Date of Death	
58. Place of Birth		59. Place of Death		60. Place of Burial	
61. Name of Person		62. Date of Birth		63. Date of Death	
64. Place of Birth		65. Place of Death		66. Place of Burial	
67. Name of Person		68. Date of Birth		69. Date of Death	
70. Place of Birth		71. Place of Death		72. Place of Burial	
73. Name of Person		74. Date of Birth		75. Date of Death	
76. Place of Birth		77. Place of Death		78. Place of Burial	
79. Name of Person		80. Date of Birth		81. Date of Death	
82. Place of Birth		83. Place of Death		84. Place of Burial	
85. Name of Person		86. Date of Birth		87. Date of Death	
88. Place of Birth		89. Place of Death		90. Place of Burial	
91. Name of Person		92. Date of Birth		93. Date of Death	
94. Place of Birth		95. Place of Death		96. Place of Burial	
97. Name of Person		98. Date of Birth		99. Date of Death	
100. Place of Birth		101. Place of Death		102. Place of Burial	

Case No. 100-10000  
Date of Birth  
Date of Death

James M. McDaniel



289-210-003-294

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>FAY LOTTIE BYINGTON</b>			2. Date (month) (day) (year) Of Birth <b>OCTOBER 10, 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Lava Hot Springs</b>	b. City or Town of Birth <b>Lava Hot Springs</b>		
FATHER	6. Full Name of Father <b>HYRUM ELLIOT BYINGTON</b>			7. State or Country of Father's Birth <b>SPANISH FORK, UTAH</b>		
MOTHER	8. Full Maiden Name of Mother <b>CORDELIA SIMMONS</b>			9. State or Country of Mother's Birth <b>MISSOURI</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Fay Lottie Laper</i>		11. Present Address of Registrant <i>9235 NE 180th Bethell</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Janet 2 1958</i>			12. Signature of Notary <i>Hazel L. Hurlbert</i>		13. Notary Commission expires <i>Sept. 28 1960</i>

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Own Child's birth certificate</b>		By whom issued and signed <b>on file Vital Statistics #112653</b>		Date issued	Date Orig. Entry child born <b>April 27, 1923</b>
	Date of Birth <b>age 25</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2-	Type of Document <b>Affidavit by sister, age 71</b>		By whom issued and signed <b>Bertha Adelia Byington Young</b>		Date issued <b>6-23-58</b>	Date Orig. Entry
	Date of Birth <b>Oct. 10, 1897</b>	Birth Place <b>IDAHO Lava Hot Springs/</b>	Full Name of Mother <b>Cordelia Byington</b>		Name of Father <b>Hyrum Elliot Byington</b>	
SUPPORTING RECORD 3-	Type of Document <b>Insurance Application</b>		By whom issued and signed <b>American Home Benefit Assoc., Inc.; Boise, Idaho</b>		Date issued	Date Orig. Entry <b>June 25, 1940</b>
	Date of Birth <b>Oct. 10, 1897</b>	Birth Place <b>Lava Hot Springs, Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

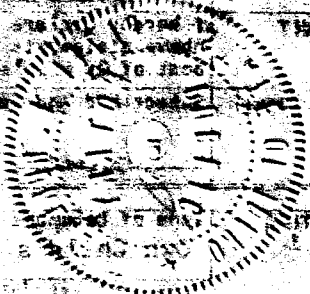
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>bf Nancy Richards</b>	Date Filed <b>July 23, 1958</b>



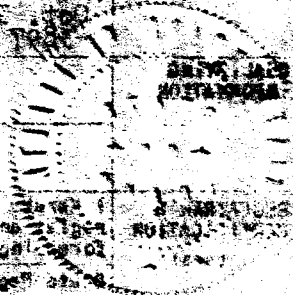
# STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

State file No. 100-1000

REGISTRATION I hereby certify that the foregoing is a true and correct copy of the original birth record as the same appears in the files of the State of Idaho.		DATE OF BIRTH JANUARY 1, 1900	
NAME JAMES EARL RYAN		PLACE OF BIRTH IDAHO	
FATHER JAMES EARL RYAN		MOTHER JAMES EARL RYAN	
STATE OF BIRTH IDAHO		COUNTY OF BIRTH IDAHO	
DATE OF REGISTRATION JANUARY 1, 1900		SIGNATURE OF REGISTRAR JAMES EARL RYAN	
NAME OF REGISTRAR JAMES EARL RYAN		ADDRESS OF REGISTRAR JAMES EARL RYAN	
DATE OF BIRTH JANUARY 1, 1900		PLACE OF BIRTH IDAHO	
FATHER JAMES EARL RYAN		MOTHER JAMES EARL RYAN	
STATE OF BIRTH IDAHO		COUNTY OF BIRTH IDAHO	
DATE OF REGISTRATION JANUARY 1, 1900		SIGNATURE OF REGISTRAR JAMES EARL RYAN	
NAME OF REGISTRAR JAMES EARL RYAN		ADDRESS OF REGISTRAR JAMES EARL RYAN	



REGISTRATION I hereby certify that the foregoing is a true and correct copy of the original birth record as the same appears in the files of the State of Idaho.		DATE OF BIRTH JANUARY 1, 1900	
NAME JAMES EARL RYAN		PLACE OF BIRTH IDAHO	
FATHER JAMES EARL RYAN		MOTHER JAMES EARL RYAN	
STATE OF BIRTH IDAHO		COUNTY OF BIRTH IDAHO	
DATE OF REGISTRATION JANUARY 1, 1900		SIGNATURE OF REGISTRAR JAMES EARL RYAN	
NAME OF REGISTRAR JAMES EARL RYAN		ADDRESS OF REGISTRAR JAMES EARL RYAN	
DATE OF BIRTH JANUARY 1, 1900		PLACE OF BIRTH IDAHO	
FATHER JAMES EARL RYAN		MOTHER JAMES EARL RYAN	
STATE OF BIRTH IDAHO		COUNTY OF BIRTH IDAHO	
DATE OF REGISTRATION JANUARY 1, 1900		SIGNATURE OF REGISTRAR JAMES EARL RYAN	
NAME OF REGISTRAR JAMES EARL RYAN		ADDRESS OF REGISTRAR JAMES EARL RYAN	



613209-029-819

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-710

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>ETHEL MAUDE WALLACE</b>			2. Date (month) (day) (year) Of Birth <b>April 9, 1897</b>	
<b>FATHER</b>	3. Color or Race <b>white</b> 4. Sex <b>F</b> 5. Place of Birth a. County <b>Latah</b>			b. City or Town of Birth <b>MOSCOW</b>	
<b>MOTHER</b>	6. Full Name of Father <b>WILLIAM MCCAGER WALLACE</b>			7. State or Country of Father's Birth <b>Indiana</b>	
<b>AFFIDAVIT</b>	8. Full Maiden Name of Mother <b>ELLEN HARTMAN</b>			9. State or Country of Mother's Birth <b>Iowa</b>	
<b>NOTARY (Seal)</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ethel Wallace Smith</i>	
	Subscribed and sworn to before me on <b>August 20, 19 58</b>			11. Present Address of Registrant <b>Rt. 1 Box 156 Buckely, Washington</b>	
	12. Signature of Notary <i>Kearney Shadoff</i>			13. Notary Commission expires <b>May 21, 19 59</b>	
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>					
<b>SUPPORTING RECORD 1-</b>	Type of Document (more than 10 yrs. older) <b>Affidavit by sister</b>			By whom issued and signed <b>Mrs. Cora Sills</b>	
	Date of Birth <b>April 9, 1897</b>			Date issued <b>7-7-58</b>	
	Birth Place <b>rural vicinity of Moscow, Idaho</b>			Date Orig. Entry	
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Marriage Record</b>			Full Name of Mother <b>Ellen Hartman Wallace</b>	
	By whom issued and signed <b>Benton County, Washington</b>			Name of Father <b>William McCager Wallace</b>	
	Date of Birth <b>age 20</b>			Date issued <b>6-25-58</b>	
	Birth Place <b>Moscow, Idaho</b>			Date Orig. Entry <b>June 4, 1917</b>	
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>own child's birth certificate</b>			Full Name of Mother <b>Ellen Hartman</b>	
	By whom issued and signed <b>Washington #231, Reg. #26</b>			Name of Father <b>Wm. Wallace</b>	
	Date of Birth <b>age 31</b>			Date issued <b>4-25-45</b>	
	Birth Place <b>Idaho</b>			Date Orig. Entry <b>child born April 23, 1928</b>	
<b>QUALIFYING INFORMATION</b>					
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>			Evidence reviewed by <b>Nancy Richards</b>	
				Date Filed <b>Aug. 26, 1958</b>	

# STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

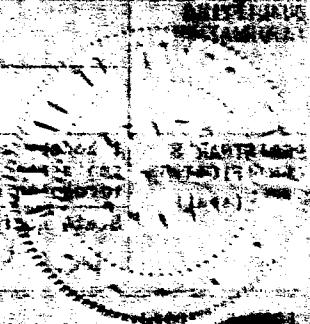
State File No. 100-110

STATE DEPARTMENT OF HEALTH  
 Division of Vital Statistics  
 Boise, Idaho

1. Name of Child <b>JOHN ROBERT WALLACE</b>		2. Date of Birth <b>1928</b>	
3. Sex <b>Male</b>		4. Place of Birth <b>Idaho</b>	
5. Name of Mother <b>JOHN WALLACE</b>		6. Name of Father <b>JOHN WALLACE</b>	
7. Address of Mother <b>Idaho</b>		8. Address of Father <b>Idaho</b>	
9. Signature of Registrar <i>[Signature]</i>		10. Signature of Mother <i>[Signature]</i>	
11. Signature of Father <i>[Signature]</i>		12. Date of Birth <b>1928</b>	



1. Name of Child <b>JOHN ROBERT WALLACE</b>		2. Date of Birth <b>1928</b>	
3. Sex <b>Male</b>		4. Place of Birth <b>Idaho</b>	
5. Name of Mother <b>JOHN WALLACE</b>		6. Name of Father <b>JOHN WALLACE</b>	
7. Address of Mother <b>Idaho</b>		8. Address of Father <b>Idaho</b>	
9. Signature of Registrar <i>[Signature]</i>		10. Signature of Mother <i>[Signature]</i>	
11. Signature of Father <i>[Signature]</i>		12. Date of Birth <b>1928</b>	



1. Name of Child <b>JOHN ROBERT WALLACE</b>		2. Date of Birth <b>1928</b>	
3. Sex <b>Male</b>		4. Place of Birth <b>Idaho</b>	
5. Name of Mother <b>JOHN WALLACE</b>		6. Name of Father <b>JOHN WALLACE</b>	
7. Address of Mother <b>Idaho</b>		8. Address of Father <b>Idaho</b>	
9. Signature of Registrar <i>[Signature]</i>		10. Signature of Mother <i>[Signature]</i>	
11. Signature of Father <i>[Signature]</i>		12. Date of Birth <b>1928</b>	

483-210-006-469

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

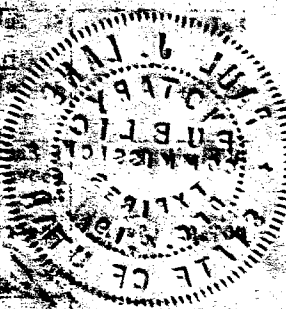
State File No. De58-715

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Olive Fiametta Myler</i>			2. Date (month) (day) (year) Of Birth <i>January 10, 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth a. County <i>Bingham Co.</i>		b. City or Town of Birth <i>Lewisville, Idaho</i>
FATHER	6. Full Name of Father <i>Charles C. Myler</i>			7. State or Country of Father's Birth <i>Logan, Utah</i>	
MOTHER	8. Full Maiden Name of Mother <i>Isabell Morton</i>			9. State or Country of Mother's Birth <i>Murphy's Burrow, Illinois</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>* Olive Williams</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 18, 1958</i>			11. Present Address of Registrant <i>824--22nd St. Ogden, Utah</i>	
	12. Signature of Notary <i>Paul J. Lane</i>			13. Notary Commission expires <i>December 4, 1961</i>	
APPLICANT-- DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <i>Church Record--Baptism</i>		By whom issued and signed <i>LDs Church, Salt Lake City, U.</i>		Date issued <i>2-7-58</i>
	Date of Birth <i>Jan. 10, 1897</i>	Birth Place <i>Lewisville, Idaho</i>	Full Name of Mother <i>Isabell Morton</i>		Date Orig. Entry <i>May 16, 1905</i>
SUPPORTING RECORD 2.	Type of Document <i>Affidavit by person present at birth, age 77</i>		By whom issued and signed <i>Elizabeth Myler Wray</i>		Date issued <i>7-10-58</i>
	Date of Birth <i>Jan. 10, 1897</i>	Birth Place <i>Bingham Co. (Now Jefferson Co.) Lewisville, Idaho</i>	Full Name of Mother <i>Isabell Morton Myler</i>		Date Orig. Entry <i>child born Dec. 21, 1929</i>
SUPPORTING RECORD 3.	Type of Document <i>own child's birth certificate</i>		By whom issued and signed <i>Idaho #177564</i>		Date issued <i>child born Dec. 21, 1929</i>
	Date of Birth <i>age 32</i>	Birth Place <i>Lewisville, Idaho</i>	Full Name of Mother <i>-----</i>		Name of Father <i>-----</i>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>nr Nancy Richards</i>		Date Filed <i>Aug. 27, 1958</i>

# DEPARTMENT OF STATE

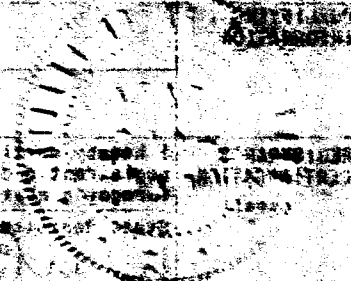
OFFICE OF THE SECRETARY

AUG 27 1958



TO: [illegible]  
 FROM: [illegible]  
 SUBJECT: [illegible]  
 DATE: [illegible]  
 [illegible text continues]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]



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962417-020-664

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-754

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Chester B. Ross</b>			2. Date (month) (day) <b>1897</b> Of Birth <b>April 17, 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>M</b>	5. Place of Birth a. County <b>14 miles, Elmore Co.</b>	b. City or Town of Birth	
FATHER	6. Full Name of Father <b>North of Glens Ferry Charles F. Ross</b>			7. State or Country of Father's Birth <b>Wisconsin</b>	
MOTHER	8. Full Maiden Name of Mother <b>Ida Fountain</b>			9. State or Country of Mother's Birth <b>Missouri</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Chester B. Ross</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>August 27, 1958</b>			11. Present Address of Registrant <b>King Hill, Idaho</b>	
	12. Signature of Notary <i>W. F. Ryan</i>			13. Notary Commission expires <b>12-12-59</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Affidavit by neighbor at time of birth, more than 10 yrs. senior</b>		By whom issued and signed <b>Gilbert Walker</b>		Date issued <b>8-6-58</b>	Date Orig. Entry
	Date of Birth <b>April 17, 1897</b>	Birth Place <b>14 miles N. of Glens Ferry, Elmore Co., Idaho</b>	Full Name of Mother <b>Ida Fountain</b>		Name of Father <b>Charles F. Ross</b>	
SUPPORTING RECORD 2.	Type of Document <b>Voting Registration Record</b>		By whom issued and signed <b>Elmore Co., Mt. Home, Idaho</b>		Date issued	Date Orig. Entry <b>July 23, 1926</b>
	Date of Birth <b>age 29</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>	
SUPPORTING RECORD 3.	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #146768</b>		Date issued	Date Orig. Entry <b>child born Oct. 3, 1926</b>
	Date of Birth <b>age 29</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

*W. W. Jensen*

Evidence reviewed by

Nancy Richards

Date Filed

Sept. 17, 1958

DELETED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child at birth		2. Date of birth		3. Place of birth		4. Name of mother at birth		5. Name of father at birth		6. Name of child at present		7. Date of present birth		8. Place of present birth		9. Name of mother at present		10. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
11. Name of child at present		12. Date of present birth		13. Place of present birth		14. Name of mother at present		15. Name of father at present		16. Name of child at present		17. Date of present birth		18. Place of present birth		19. Name of mother at present		20. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
21. Name of child at present		22. Date of present birth		23. Place of present birth		24. Name of mother at present		25. Name of father at present		26. Name of child at present		27. Date of present birth		28. Place of present birth		29. Name of mother at present		30. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
31. Name of child at present		32. Date of present birth		33. Place of present birth		34. Name of mother at present		35. Name of father at present		36. Name of child at present		37. Date of present birth		38. Place of present birth		39. Name of mother at present		40. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
41. Name of child at present		42. Date of present birth		43. Place of present birth		44. Name of mother at present		45. Name of father at present		46. Name of child at present		47. Date of present birth		48. Place of present birth		49. Name of mother at present		50. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
51. Name of child at present		52. Date of present birth		53. Place of present birth		54. Name of mother at present		55. Name of father at present		56. Name of child at present		57. Date of present birth		58. Place of present birth		59. Name of mother at present		60. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
61. Name of child at present		62. Date of present birth		63. Place of present birth		64. Name of mother at present		65. Name of father at present		66. Name of child at present		67. Date of present birth		68. Place of present birth		69. Name of mother at present		70. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
71. Name of child at present		72. Date of present birth		73. Place of present birth		74. Name of mother at present		75. Name of father at present		76. Name of child at present		77. Date of present birth		78. Place of present birth		79. Name of mother at present		80. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
81. Name of child at present		82. Date of present birth		83. Place of present birth		84. Name of mother at present		85. Name of father at present		86. Name of child at present		87. Date of present birth		88. Place of present birth		89. Name of mother at present		90. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
91. Name of child at present		92. Date of present birth		93. Place of present birth		94. Name of mother at present		95. Name of father at present		96. Name of child at present		97. Date of present birth		98. Place of present birth		99. Name of mother at present		100. Name of father at present	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	



413-116-001-335

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-758

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>IRVIN BURTON DALY</b>			2. Date (month) (day) (year) Of Birth <b>NOV. 16 1897</b>		
<b>FATHER</b>	3. Color or Race <b>WHITE</b>	4. Sex <b>MALE</b>	5. Place of Birth a. County <b>ADA COUNTY</b>	b. City or Town of Birth <b>MERIDIAN IDAHO</b>		
<b>MOTHER</b>	6. Full Name of Father <b>WILLIAM HENRY DALY</b>			7. State or Country of Father's Birth <b>MISSOURI U.S.A.</b>		
<b>AFFIDAVIT</b>	8. Full Maiden Name of Mother <b>EMMA MATILDA CLEMENS</b>			9. State or Country of Mother's Birth <b>OHIO U.S.A.</b>		
<b>NOTARY (Seal)</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. <b>Aug 29th 1958</b>			10. Signature of Registrant <b>J. B. Daly</b>		11. Present Address of Registrant <b>14213 MARINE DR. WHITE ROCK, B.C. CAN.</b>
	Subscribed and sworn to before me on			12. Signature of Notary <b>C. Deane</b>		13. Notary Commission expires <b>Appointment for life 19</b>
<p align="center"><b>APPLICANT - DO NOT WRITE BELOW THIS LINE</b></p> <p align="center"><i>Notary Public in and for the Province of Columbia</i></p>						
<b>SUPPORTING RECORD 1-</b>	Type of Document (age 81) <b>Affidavit by Father's sister</b>		By whom issued and signed <b>Martha A. Edie</b>		Date issued <b>5-9-58</b>	Date Orig. Entry
	Date of Birth <b>Nov. 16, 1897</b>	Birth Place <b>Ada Co. Meridian, Idaho</b>	Full Name of Mother <b>Emma Matilda (Clemens) Daly</b>		Name of Father <b>William Henry Daly</b>	
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Non-resident Alien's Border Crossing Identification Card</b>		By whom issued and signed <b>U. S. Vice Consul, Vancouver, B.C.</b>		Date issued <b>1-3-46</b>	Date Orig. Entry <b>Jan. 3, 1946</b>
	Date of Birth <b>Nov. 16, 1897</b>	Birth Place <b>Meridian, Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Manufacturers Life Ins. Co. Toronto, Canada</b>		Date issued <b>3-23-22</b>	Date Orig. Entry <b>Aug. 27, 1919</b>
	Date of Birth <b>Nov. 16, 1897</b>	Birth Place <b>Idaho, U.S.A.</b>	Full Name of Mother <b>---</b>		Name of Father <b>William Henry Daly</b>	
<b>QUALIFYING INFORMATION</b>						
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <b>W. L. Benson</b>		Evidence reviewed by <b>Nancy Richards</b>			Date Filed <b>Sept. 18, 1958</b>

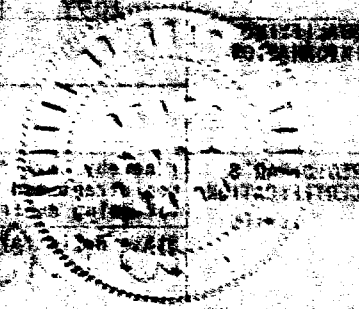


# DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

SEP 12 1960

1. Name of child <b>JOHN A. BROWN</b>	2. Sex <b>MALE</b>	3. Date of birth <b>SEP 12 1960</b>	4. Time of birth <b>10:30 AM</b>
5. Place of birth <b>State of Delaware</b>	6. Name of mother <b>Mrs. J. A. Brown</b>	7. Name of father <b>Mr. J. A. Brown</b>	8. Address of mother <b>123 Main St., Dover, DE</b>
9. Address of father <b>123 Main St., Dover, DE</b>	10. Name of physician <b>Dr. J. A. Brown</b>	11. Name of hospital <b>St. Mary's Hospital</b>	12. Name of attending nurse <b>Mrs. J. A. Brown</b>
13. Name of registrar <b>John A. Brown</b>	14. Signature of registrar <i>[Signature]</i>	15. Date of registration <b>SEP 12 1960</b>	16. Time of registration <b>10:30 AM</b>

17. Name of child <b>JOHN A. BROWN</b>	18. Sex <b>MALE</b>	19. Date of birth <b>SEP 12 1960</b>	20. Time of birth <b>10:30 AM</b>
21. Place of birth <b>State of Delaware</b>	22. Name of mother <b>Mrs. J. A. Brown</b>	23. Name of father <b>Mr. J. A. Brown</b>	24. Address of mother <b>123 Main St., Dover, DE</b>
25. Address of father <b>123 Main St., Dover, DE</b>	26. Name of physician <b>Dr. J. A. Brown</b>	27. Name of hospital <b>St. Mary's Hospital</b>	28. Name of attending nurse <b>Mrs. J. A. Brown</b>
29. Name of registrar <b>John A. Brown</b>	30. Signature of registrar <i>[Signature]</i>	31. Date of registration <b>SEP 12 1960</b>	32. Time of registration <b>10:30 AM</b>



236-227-022-239

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-768

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Cora Stone</i>				2. Date (month) (day) (year) Of Birth <i>Sept. 27 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Chapin</i>	a. County <i>Fremont</i>	b. City or Town of Birth <i>Chapin Idaho</i>		
FATHER	6. Full Name of Father <i>Henry John Stone</i>				7. State or Country of Father's Birth <i>Bristol England</i>		
MOTHER	8. Full Maiden Name of Mother <i>Susan Louisa Stratton</i>				9. State or Country of Mother's Birth <i>Salt Lake City, Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Cora Stone Bigler</i>		11. Present Address of Registrant <i>St. Anthony, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 5 1958</i>				12. Signature of Notary <i>Jack A. Stone</i> Clerk of District Court		13. Notary Commission expires <i>Elective 19</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Insurance Policy Application		By whom issued and signed Idaho Mutual Benefit Assoc.		Date issued	Date Orig. Entry 3-10-1947
	Date of Birth Sept. 27, 1897	Birth Place Chapin, Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document School Record		By whom issued and signed Clerk of Fremont County, Idaho		Date issued 4-28-58	Date Orig. Entry Sept. 2, 1907
	Date of Birth age 9	Birth Place ---	Full Name of Mother -----		Name of Father Henry Stone	
SUPPORTING RECORD 3.	Type of Document Social Security Record		By whom issued and signed Treasury Dept.		Date issued	Date Orig. Entry Nov. 24, 1936
	Date of Birth Sept. 27, 1897	Birth Place Fremont Co. Chapin, Idaho	Full Name of Mother Susin Lousia Stratton		Name of Father Henry John Stone	
QUALIFYING INFORMATION	Family record, original viewed by Bureau of Vital Statistics on 9-22-58: old record stating date of birth as Sept. 27, 1897; born at Teton Basin, Idaho; parents-Henry John Stone and Susan Louisa Stratton Stone.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. H. Benson</i>		Evidence reviewed by nr Nancy Richards		Date Filed Sept. 22, 1958	

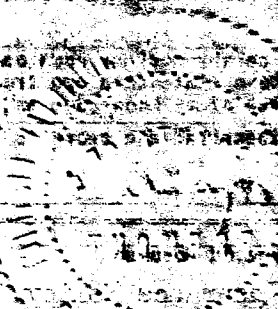
DECEASED CERTIFICATE OF BIRTH

STATE OF TEXAS

1915-1916

1. Name of deceased (Full name at birth)		2. Date of birth		3. Place of birth	
4. Name of mother (Full name at birth)		5. Date of birth		6. Place of birth	
7. Name of father (Full name at birth)		8. Date of birth		9. Place of birth	
10. Name of mother (Full name at birth)		11. Date of birth		12. Place of birth	
13. Name of father (Full name at birth)		14. Date of birth		15. Place of birth	
16. Name of mother (Full name at birth)		17. Date of birth		18. Place of birth	
19. Name of father (Full name at birth)		20. Date of birth		21. Place of birth	
22. Name of mother (Full name at birth)		23. Date of birth		24. Place of birth	
25. Name of father (Full name at birth)		26. Date of birth		27. Place of birth	
28. Name of mother (Full name at birth)		29. Date of birth		30. Place of birth	
31. Name of father (Full name at birth)		32. Date of birth		33. Place of birth	
34. Name of mother (Full name at birth)		35. Date of birth		36. Place of birth	
37. Name of father (Full name at birth)		38. Date of birth		39. Place of birth	
40. Name of mother (Full name at birth)		41. Date of birth		42. Place of birth	
43. Name of father (Full name at birth)		44. Date of birth		45. Place of birth	
46. Name of mother (Full name at birth)		47. Date of birth		48. Place of birth	
49. Name of father (Full name at birth)		50. Date of birth		51. Place of birth	
52. Name of mother (Full name at birth)		53. Date of birth		54. Place of birth	
55. Name of father (Full name at birth)		56. Date of birth		57. Place of birth	
58. Name of mother (Full name at birth)		59. Date of birth		60. Place of birth	
61. Name of father (Full name at birth)		62. Date of birth		63. Place of birth	
64. Name of mother (Full name at birth)		65. Date of birth		66. Place of birth	
67. Name of father (Full name at birth)		68. Date of birth		69. Place of birth	
70. Name of mother (Full name at birth)		71. Date of birth		72. Place of birth	
73. Name of father (Full name at birth)		74. Date of birth		75. Place of birth	
76. Name of mother (Full name at birth)		77. Date of birth		78. Place of birth	
79. Name of father (Full name at birth)		80. Date of birth		81. Place of birth	
82. Name of mother (Full name at birth)		83. Date of birth		84. Place of birth	
85. Name of father (Full name at birth)		86. Date of birth		87. Place of birth	
88. Name of mother (Full name at birth)		89. Date of birth		90. Place of birth	
91. Name of father (Full name at birth)		92. Date of birth		93. Place of birth	
94. Name of mother (Full name at birth)		95. Date of birth		96. Place of birth	
97. Name of father (Full name at birth)		98. Date of birth		99. Place of birth	
100. Name of mother (Full name at birth)		101. Date of birth		102. Place of birth	

SEP 22 1916



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264219-037-493

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 58-819

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>RUBY MARGARET SOMERVILLE</b>				2. Date (month) (day) (year) Of Birth <b>MARCH 19 1897</b>	
	3. Color of Race <b>WHITE</b>	4. Sex <b>FEMALE</b>	5. Place of Birth <b>DE LAMAR</b>	a. County <b>OWYHEE</b>	b. City or Town of Birth <b>DE LAMAR</b>	
FATHER	6. Full Name of Father <b>DAVID-(DAVE) SOMERVILLE</b>				7. State or Country of Father's Birth <b>CANADA</b>	
MOTHER	8. Full Maiden Name of Mother <b>GRACE BELL MILLS</b>				9. State or Country of Mother's Birth <b>IDAHO TERRITORY</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <b>Ruby S. Lindsey</b>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>Oct. 13 1958</b>				11. Present Address of Registrant <b>604 WARM SPRINGS AVE</b>	
	12. Signature of Notary <b>Frances McKenna</b>				13. Notary Commission expires <b>Nov. 6 1960</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Affidavit by Mother		By whom issued and signed Grace B. Somerville		Date Issued Oct. 13, 1958	Date Orig. Entry
	Date of Birth March 19, 1897	Birth Place De Lamar, Idaho	Full Name of Mother Grace B. Mills		Name of Father Dave Somerville	
SUPPORTING RECORD 2-	Type of Document Baptismal Certificate		By whom issued and signed Dean Alward Chamberlaine St. Michaels Cathedral-Boise		Date Issued June 4, 1916	Date Orig. Entry
	Date of Birth March 19, 1897	Birth Place De Lamar, Idaho	Full Name of Mother Grace Somerville		Name of Father Dan Somerville	
SUPPORTING RECORD 3-	Type of Document School Record		By whom issued and signed T.C. Bird, Superintendent Independent School District		Date Issued October 2, 1958	Date Orig. Entry 1916
	Date of Birth March 19, 1897	Birth Place -----	Full Name of Mother -----		Name of Father -----	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
W.W. Benson

Evidence reviewed by  
Sharon Eloise Skaggs

Date Filed  
October 13, 1958

SECRET

1. Name of the person or organization: **WARREN SPRINGS**  
 2. Address: **WARREN SPRINGS, ONTARIO**  
 3. City: **WARREN SPRINGS**  
 4. State: **ONTARIO**  
 5. Country: **CANADA**  
 6. Date of birth: **1911**  
 7. Date of death: **1911**  
 8. Date of issue: **1911**  
 9. Date of expiration: **1911**  
 10. Date of renewal: **1911**  
 11. Date of cancellation: **1911**  
 12. Date of re-issuance: **1911**  
 13. Date of revocation: **1911**  
 14. Date of reinstatement: **1911**  
 15. Date of suspension: **1911**  
 16. Date of termination: **1911**  
 17. Date of annulment: **1911**  
 18. Date of withdrawal: **1911**  
 19. Date of forfeiture: **1911**  
 20. Date of forfeiture: **1911**

[illegible]

RECEIVED OCT 10 1964 U.S. DEPT. OF JUSTICE	DIVISION OF INVESTIGATION U.S. DEPT. OF JUSTICE	OCT 10 1964 U.S. DEPT. OF JUSTICE
TO: SAC, NEW YORK FROM: SAC, NEW YORK SUBJECT: [Illegible]	TO: SAC, NEW YORK FROM: SAC, NEW YORK SUBJECT: [Illegible]	TO: SAC, NEW YORK FROM: SAC, NEW YORK SUBJECT: [Illegible]
RE: [Illegible]	RE: [Illegible]	RE: [Illegible]
[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]

719213-035-259

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-847

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Myrtle Estella Parrish</b>			2. Date (month) (day) (year) Of Birth <b>November 13 1897</b>		
	3. Color of Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Nez Perce Co.</b>	b. City or Town of Birth <b>Leland, Idaho</b>		
FATHER	6. Full Name of Father <b>William Parrish</b>			7. State or Country of Father's Birth <b>Stuebenville, Ohio</b>		
MOTHER	8. Full Maiden Name of Mother <b>Salla Anna Berreman</b>			9. State or Country of Mother's Birth <b>Worth County, Missouri</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Myrtle E. Harris</i>		11. Present Address of Registrant <b>3124 Seventh St. Lewiston, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Oct. 9 1958</i>			12. Signature of Notary <i>Owen L. Knowlton</i>		13. Notary Commission expires <i>Dec. 12 1960</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Social Security Record</b>		By whom issued and signed <b>Treasury Dept.</b>		Date issued	Date Orig. Entry <b>June 23, 1944</b>
	Date of Birth <b>Nov. 13, 1897</b>	Birth Place <b>Leland, Idaho</b>	Full Name of Mother <b>Salla Anna Berreman</b>		Name of Father <b>William Parrish</b>	
SUPPORTING RECORD 2-	Type of Document (age 72) <b>Affidavit by mother's brother</b>		By whom issued and signed <b>Fred C. Hassinger</b>		Date issued <b>10-9-58</b>	Date Orig. Entry
	Date of Birth <b>Nov. 13, 1897</b>	Birth Place <b>Nez Perce Co. Leland, Idaho</b>	Full Name of Mother <b>Salla Anna Berreman</b>		Name of Father <b>William Parrish</b>	
SUPPORTING RECORD 3-	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #59712</b>		Date issued	Date Orig. Entry <b>child born May 19, 1918</b>
	Date of Birth <b>age 20</b>	Birth Place <b>Idaho</b>	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>nr Nancy Richards</b>	Date Filed <b>Oct. 24, 1958</b>

CHIEF OF POLICE

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 07-18-2009 BY 60322 UCBAW/SJS

**Figure 1**

100-443887-100

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713229-008-457  
**DELAYED CERTIFICATE OF BIRTH**  
STATE OF IDAHO

State File No. De 58-850

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Grace Patterson			2. Date (month) (day) (year) Of Birth January 29 1897		
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Boise	b. City or Town of Birth Crawford		
<b>FATHER</b>	6. Full Name of Father William D. Patterson			7. State or Country of Father's Birth North Carolina		
<b>MOTHER</b>	8. Full Maiden Name of Mother Phalla Edith Dexter			9. State or Country of Mother's Birth Illinois		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Grace Floyd</i>		11. Present Address of Registrant 615 So King St. Centerville
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on SEP 22 1958 19__			12. Signature of Notary <i>J. Smith</i>		13. Notary Commission expires 1 Aug 1960 SEP 22 1958

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1-</b>	Type of Document family Bible record		By whom issued and signed	Date issued	Date Orig. Entry obviously old
	Date of Birth Jan. 29, 1897	Birth Place	Full Name of Mother Phalla Edith Dexter	Name of Father William D. Patterson	
<b>SUPPORTING RECORD 2-</b>	Type of Document own child's birth certificate		By whom issued and signed Ida. file #134248 on file in vital statistics	Date issued	Date Orig. Entry child born July 7, 1925
	Date of Birth age 28	Birth Place Idaho	Full Name of Mother ----	Name of Father ---	
<b>SUPPORTING RECORD 3-</b>	Type of Document Affidavit by Aunt--age 81		By whom issued and signed Winne D. Logue	Date issued July 2, 1958	Date Orig. Entry
	Date of Birth January 29, 1897	Birth Place Crawford, Idaho	Full Name of Mother Phalla Edith Dexter	Name of Father William D. Paterson	

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Carolyn Johns--Sharon Skaggs	Date Filed October 24, 1958



\_\_\_\_\_

155-223-010-463

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-860

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>ALMA AUGUSTA JENSEN</b>			2. Date (month) (day) (year) Of Birth <b>June 23, 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth a. County <b>Idaho</b> b. City or Town of Birth <b>Boiseville</b>	b. City or Town of Birth <b>Coltman</b>		
FATHER	6. Full Name of Father <b>Andrew Anes (or Anders) Jensen</b>			7. State or Country of Father's Birth <b>Denmark</b>		
MOTHER	8. Full Maiden Name of Mother <b>Bernhardine Dock (or Jensen)</b>			9. State or Country of Mother's Birth <b>Sweden</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Alma Augusta Jensen</i>		11. Present Address of Registrant <b>Great Oaks Ranch, Santa Ynez, Calif.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>September 12 19 58</b>			12. Signature of Notary <i>Elizabeth H. McCaskey</i>		13. Notary Commission Expires <b>Jan. 22 19 61</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document (13 years older) <b>Affidavit by sister</b>		By whom issued and signed <b>Hertha Jensen Fleming</b>	Date issued <b>9-9-58</b>	Date Orig. Entry
	Date of Birth <b>June 23, 1897</b>	Birth Place <b>(near Idaho Falls) Coltman, Idaho</b>	Full Name of Mother <b>Bernhardine Dock (or Jensen)</b>	Name of Father <b>(sometimes spelled Anders) Andrew Anes Jensen</b>	
SUPPORTING RECORD 2-	Type of Document <b>Marriage Record</b>		By whom issued and signed <b>Yuma County, Arizona</b>	Date issued <b>10-14-58</b>	Date Orig. Entry <b>April 15, 1932</b>
	Date of Birth <b>age 34</b>	Birth Place <b>---</b>	Full Name of Mother <b>---</b>	Name of Father <b>---</b>	
SUPPORTING RECORD 3-	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>California #2327</b>	Date issued <b>10-16-58</b>	Date Orig. Entry <b>child born Dec. 15, 1937</b>
	Date of Birth <b>age 40</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>---</b>	Name of Father <b>---</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. H. Benson</i>	Evidence reviewed by <b>Mr Nancy Richards</b>	Date Filed <b>Oct. 24, 1958</b>

# DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

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918-212-0353 RECEIVED DIVIDED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho JUL 16 1954  
 STATE OF IDAHO

State File No. De58-909  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name <b>Ressie Frances Ray Idaho Nez Perce</b>				2. Date of Birth <b>Dec. 12 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Nez Perce</b>	b. City or Town of Birth	
FATHER	6. Full Name of Father <b>James Albert Ray</b>				7. State or Country of Father's Birth <b>Missouri U.S.A.</b>	
MOTHER	8. Full Maiden Name of Mother <b>Della Hill</b>				9. State or Country of Mother's Birth <b>Oregon U.S.A.</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ressie Frances Ray (Shield)</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>JUL 14 1954</b>			11. Present Address of Registrant <b>3035 N.E. Regal Drive Portland Oregon</b>		
	12. Signature of Notary <i>P.C. [Signature]</i>			13. Notary Commission expires <b>NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 30, 1958</b>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.  Class* <u>B</u>	Type of Document <b>Affidavit by mother</b>		By whom issued and signed <b>Della Ray</b>	Date issued <b>May 12, 1954</b>	Date Orig. Entry
	Date of Birth <b>Dec. 12, 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Della Hill</b>	Name of Father <b>James A. Ray</b>	
SUPPORTING RECORD 2.  Class <u>B</u>	Type of Document (Culdesack—mailing address) <b>Hospital Record</b>		By whom issued and signed <b>Providence Hospital Portland, Oregon</b>	Date issued <b>10-27-58</b>	Date Orig. Entry <b>Aug. 7, 1952</b>
	Date of Birth <b>Dec. 12, 1897 (age 54)</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Della Hill</b>	Name of Father <b>James Ray</b>	
SUPPORTING RECORD 3.  Class <u>B</u>	Type of Document <b>Membership Record in Motor Association</b>		By whom issued and signed <b>Oregon State Motor Assoc. Portland, Oregon</b>	Date issued <b>10-27-58</b>	Date Orig. Entry <b>March 31, 1944</b>
	Date of Birth <b>age 46</b>	Birth Place <b>---</b>	Full Name of Mother <b>---</b>	Name of Father <b>---</b>	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
State Registrar <i>W. Benson</i>			Evidence reviewed by <b>MRE Nancy Richards</b>	Date Filed <b>Nov. 18, 1958</b>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

NOV 2 1956

James Albert Ray  
white male  
Idaho was born

1927 Dec 10  
City of town of

State of Idaho of father's birth  
Idaho U.S.A.  
State of Idaho of mother's birth

U.S.A.  
30 E. Second Ave.  
Portland Oregon  
U.S.A.

Date issued  
Date of birth  
Name of father  
Name of mother

Date issued  
Date of birth  
Name of father  
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Date issued  
Date of birth  
Name of father  
Name of mother

Signature of applicant  
Signature of father  
Signature of mother

Full name of mother  
Full name of father  
Full name of mother

Full name of mother  
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Full name of mother

Signature of applicant  
Signature of father  
Signature of mother

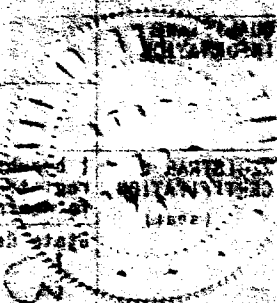
Full name of mother  
Full name of father  
Full name of mother

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Full name of father  
Full name of mother



Class A records are those made and held before the State of Idaho was admitted to the Union in 1909. Class B records are those made after the State of Idaho was admitted to the Union in 1909. Class C records are those made after the State of Idaho was admitted to the Union in 1909. Class D records are those made after the State of Idaho was admitted to the Union in 1909. Class E records are those made after the State of Idaho was admitted to the Union in 1909. Class F records are those made after the State of Idaho was admitted to the Union in 1909. Class G records are those made after the State of Idaho was admitted to the Union in 1909. Class H records are those made after the State of Idaho was admitted to the Union in 1909. Class I records are those made after the State of Idaho was admitted to the Union in 1909. Class J records are those made after the State of Idaho was admitted to the Union in 1909. Class K records are those made after the State of Idaho was admitted to the Union in 1909. Class L records are those made after the State of Idaho was admitted to the Union in 1909. Class M records are those made after the State of Idaho was admitted to the Union in 1909. Class N records are those made after the State of Idaho was admitted to the Union in 1909. Class O records are those made after the State of Idaho was admitted to the Union in 1909. Class P records are those made after the State of Idaho was admitted to the Union in 1909. Class Q records are those made after the State of Idaho was admitted to the Union in 1909. Class R records are those made after the State of Idaho was admitted to the Union in 1909. Class S records are those made after the State of Idaho was admitted to the Union in 1909. Class T records are those made after the State of Idaho was admitted to the Union in 1909. Class U records are those made after the State of Idaho was admitted to the Union in 1909. Class V records are those made after the State of Idaho was admitted to the Union in 1909. Class W records are those made after the State of Idaho was admitted to the Union in 1909. Class X records are those made after the State of Idaho was admitted to the Union in 1909. Class Y records are those made after the State of Idaho was admitted to the Union in 1909. Class Z records are those made after the State of Idaho was admitted to the Union in 1909.

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-911

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Raymond Bert Howells</i>				2. Date (month) (day) (year) Of Birth <i>JUNE 7 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>OAKLEY</i>	a. County <i>CASSIA</i>	b. City or Town of Birth <i>OAKLEY</i>		
FATHER	6. Full Name of Father <i>Job Howells</i>				7. State or Country of Father's Birth <i>UTAH</i>		
MOTHER	8. Full Maiden Name of Mother <i>Nellie Perry</i>				9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Raymond Bert Howells</i>		11. Present Address of Registrant <i>Rt. #3, Twin Falls, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Nov. 5, 1958</i>				12. Signature of Notary <i>R. C. Shand</i>		13. Notary Commission expires <i>Feb. 1, 1960</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>Kansas City Life Ins. Co.</i>		Date issued <i>1-20-31</i>	Date Orig. Entry <i>Dec. 23, 1930</i>
	Date of Birth <i>June 7, 1897</i>	Birth Place <i>Oakley, Idaho</i>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document <i>Affidavit by person present at birth, age 72</i>		By whom issued and signed <i>Hazel Summer (Jerome, Ida.)</i>		Date issued <i>11-5-58</i>	Date Orig. Entry
	Date of Birth <i>June 7, 1897</i>	Birth Place <i>Oakley, Idaho</i>	Full Name of Mother <i>Nellie Howells</i>		Name of Father <i>Job Howells</i>	
SUPPORTING RECORD 3.	Type of Document <i>own child's birth certificate</i>		By whom issued and signed <i>Bureau of Vital Statistics, Boise, Idaho #210362</i>		Date issued <i>child born Feb. 2, 1933</i>	Date Orig. Entry
	Date of Birth <i>age 35</i>	Birth Place <i>Oakley, Idaho</i>	Full Name of Mother -----		Name of Father -----	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Nancy Richards</i>	Date Filed <i>Nov. 18, 1958</i>

11-11-68

[illegible]

293-218-031-643

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-918

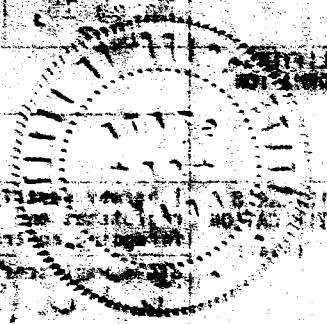
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Mary Pearl Siler</b>				2. Date (month) (day) (year) Of Birth <b>March 18 1897</b>			
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth a. County <b>Lewis</b>		b. City or Town of Birth <b>Nezperce</b>			
FATHER	6. Full Name of Father <b>Granville P. Siler</b>				7. State or Country of Father's Birth <b>Kentucky</b>			
MOTHER	8. Full Maiden Name of Mother <b>Nannie S. Fuller</b>				9. State or Country of Mother's Birth <b>Kentucky</b>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mary Pearl Harvey</i>		11. Present Address of Registrant <b>631 Preston Lewiston, Idaho</b>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>October 17 1958</b>			12. Signature of Notary <i>Alice Gans</i>		13. Notary Commission expires <b>October 27 1960</b>		
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>								
SUPPORTING RECORD 1.	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Montana</b>		Date issued <b>6-24-53</b>		Date Orig. Entry <b>child born March 11, 1936</b>	
	(age last birthday) <b>age 38</b>	Birth Place <b>Nez Perce, Idaho</b>	Full Name of Mother <b>Granville P. Siler</b>		Name of Father <b>Nannie S. Fuller</b>			
SUPPORTING RECORD 2.	Type of Document (age 73) <b>Affidavit by mother's brother</b>		By whom issued and signed <b>William M. Fuller</b>		Date issued <b>10-17-58</b>		Date Orig. Entry	
	Date of Birth <b>March 18, 1897</b>	Birth Place <b>Lewis Co., Idaho</b>	Full Name of Mother <b>Nannie S. Fuller</b>		Name of Father <b>Granville P. Siler</b>			
SUPPORTING RECORD 3.	Type of Document <b>Family Record</b>		By whom issued and signed <b>original viewed by Notary Public, Alice Gans; Lewiston, Idaho</b>		Date issued <b>11-19-58</b>		Date Orig. Entry <b>obviously very old</b>	
	Date of Birth <b>March 18, 1897</b>	Birth Place <b>Nezperce, Idaho</b>	Full Name of Mother <b>Nannie S. Fuller</b>		Name of Father <b>Granville P. Siler</b>			
QUALIFYING INFORMATION								
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.							
	State Registrar <i>W. Benson</i>			Evidence reviewed by <b>nr Nancy Richards</b>			Date Filed <b>Nov. 20, 1958</b>	



# DELAWARE CERTIFICATE OF BIRTH

STATE OF DELAWARE

NAME William P. Miller		DATE OF BIRTH November 18, 1918		PLACE OF BIRTH Philadelphia, Pa.	
FATHER William P. Miller		MOTHER Mary E. Miller		COUNTY OF BIRTH Philadelphia	
STATE OF BIRTH Pennsylvania		DATE OF DEATH None		PLACE OF DEATH None	
SEX Male		COLOR White		HEIGHT 5' 8"	
WEIGHT 150 lbs.		BUILD Medium		EYES Blue	
HAIR Brown		SKIN Fair		TALENTS None	
EDUCATION None		OCCUPATION None		RELIGION None	
MARRIAGE None		CHILDREN None		NOTES None	



154-111-001-613

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 58-921

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Richard Leigh Anderson</b>			2. Date (month) (day) (year) Of Birth <b>May 11 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Boise, Idaho</b>	a. County <b>Ada</b> b. City or Town of Birth <b>Boise, Ada County, Idaho</b>		
FATHER	6. Full Name of Father <b>Joseph McCartney Anderson</b>			7. State or Country of Father's Birth <b>Minneapolis, Minnesota.</b>		
MOTHER	8. Full Maiden Name of Mother <b>Minnie Wall</b>			9. State or Country of Mother's Birth <b>Omaha, Nebraska.</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Richard Leigh Anderson</i>		11. Present Address of Registrant <b>Rt. 1, Meridian, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>July 9 19 58</b>			12. Signature of Notary <i>John Jackson</i>		13. Notary Commission expires <b>July 3 19 61</b>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <b>insurance policy</b>		By whom issued and signed <b>Northern Life Ins. Company</b>		Date issued <b>August 14, 1925</b>
	Date of Birth <b>May 11, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>---</b>
SUPPORTING RECORD 2.	Type of Document <b>family record</b>		By whom issued and signed		Date issued
	Date of Birth <b>May 11, 1897</b>	Birth Place <b>---</b>	Full Name of Mother <b>Minnie Wall</b>		Name of Father <b>Joseph M. Anderson</b>
SUPPORTING RECORD 3.	Type of Document <b>U.S. Census Record</b>		By whom issued and signed <b>U.S. Department of Commerce</b>		Date issued <b>November 13 1958</b>
	Date of Birth <b>May 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Minnie Anderson</b>		Date Orig. Entry <b>Census as of June 1, 1900</b>

QUALIFYING INFORMATION  
Statement regarding record issued May 6, 1958 by St. Alphonsus Hospital, Hospital record dated Jan. 1, 1926, gives his age as 28.

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W.W. Benson</b>	Evidence reviewed by <b>Sharon E. Skaggs</b> cj	Date Filed <b>November 20, 1958</b>

STATE OF MINNESOTA  
DEPARTMENT OF CORRECTIONS  
RECEIVED CERTIFICATE OF RELEASE

STATE OF MINNESOTA  
DEPARTMENT OF CORRECTIONS  
RECEIVED CERTIFICATE OF RELEASE

NAME	WILLIAM J. HARRIS	DATE OF BIRTH	NOV 21 1891
PLACE OF BIRTH	MINNEAPOLIS, MINN.	EDUCATION	HIGH SCHOOL
PREVIOUS RECORDS	NONE		
REASON FOR RELEASE	GOOD BEHAVIOR		
DATE OF RELEASE	JAN 1 1922		
PLACE OF RELEASE	MINNEAPOLIS, MINN.		

NAME	WILLIAM J. HARRIS	DATE OF BIRTH	NOV 21 1891
PLACE OF BIRTH	MINNEAPOLIS, MINN.	EDUCATION	HIGH SCHOOL
PREVIOUS RECORDS	NONE		
REASON FOR RELEASE	GOOD BEHAVIOR		
DATE OF RELEASE	JAN 1 1922		
PLACE OF RELEASE	MINNEAPOLIS, MINN.		

NAME	WILLIAM J. HARRIS	DATE OF BIRTH	NOV 21 1891
PLACE OF BIRTH	MINNEAPOLIS, MINN.	EDUCATION	HIGH SCHOOL
PREVIOUS RECORDS	NONE		
REASON FOR RELEASE	GOOD BEHAVIOR		
DATE OF RELEASE	JAN 1 1922		
PLACE OF RELEASE	MINNEAPOLIS, MINN.		

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

Date Filed No. De58-960  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

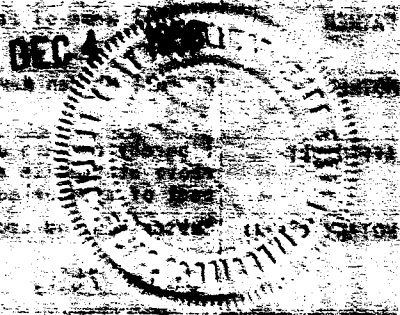
REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Katherine Margaret Lockyer</i>					2. Date (month) (day) (year) Of Birth <i>Aug. 4 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>McCannon</i>	a. County		b. City or Town of Birth <i>McCannon, Idaho</i>		
FATHER	6. Full Name of Father <i>David Jessie Lockyer</i>					7. State or Country of Father's Birth <i>Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Emma Elizabeth Neeser</i>					9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Katherine Margaret Lockyer</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 7th, 1958</i>					11. Present Address of Registrant <i>5016 Grand Ave., Riverside</i>		
						12. Signature of Notary <i>Jeffie Boles Fowler</i>		
						13. Notary Commission expires <i>My Commission Expires January 17, 1959</i>		

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <i>Hospital Certificate of own child's birth</i>			By whom issued and signed <i>Osteopathic Hospital and Sanitarium, Riverside, Calif.</i>		Date issued	Date Orig. Entry <i>child born Oct. 30, 1938</i>
	Date of Birth <i>Aug. 4, 1897</i>	Birth Place <i>McCannon, Idaho</i>		Full Name of Mother <i>---</i>		Name of Father <i>---</i>	
Class* <i>B</i>							
SUPPORTING RECORD 2.	Type of Document <i>Insurance Policy</i>			By whom issued and signed <i>Mutual Benefit Health &amp; Accident Assoc.</i>		Date issued <i>5-3-49</i>	Date Orig. Entry <i>April 24, 1949</i>
	Date of Birth <i>Aug. 4, 1897</i>	Birth Place <i>Idaho</i>		Full Name of Mother <i>---</i>		Name of Father <i>---</i>	
Class <i>B</i>							
SUPPORTING RECORD 3.	Type of Document <i>Bible Record--photostat</i>			By whom issued and signed <i>original viewed by Notary Public Jeffie Boles Fowler, Riverside</i>		Date issued <i>11-1-58</i>	Date Orig. Entry <i>obviously old</i>
	Date of Birth <i>Aug. 4, 1897</i>	Birth Place <i>---</i>		Full Name of Mother <i>Emma E. Lockyer</i>		Name of Father <i>David J. Lockyer</i>	
Class <i>B</i>							
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <i>W. W. Benson</i>			Evidence reviewed by <i>Nancy Richards</i>			Date Filed <i>Dec. 4, 1958</i>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

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# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-1034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Lois TRESSA LIVINGSTON</b>				2. Date (month) (day) (year) Of Birth <b>MARCH 14 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>female</b>	5. Place of Birth <b>TETON</b>	a. County <b>FOX CREEK, IDAHO</b> b. City or Town of Birth <b>P.O. Chapel, Ida</b>		
FATHER	6. Full Name of Father <b>JUSTIN DILLARD LIVINGSTON</b>				7. State or Country of Father's Birth <b>IOWA</b>	
MOTHER	8. Full Maiden Name of Mother <b>MARY ELVIRA VAIL</b>				9. State or Country of Mother's Birth <b>IDAHO</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lois Tressa Ford</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Sept. 25 1958</i>				11. Present Address of Registrant <b>ALPINE, Wyoming</b>	
	12. Signature of Notary <i>Leid Nielsen</i>				13. Notary Commission expires <b>5/16 1960</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Affidavit by mother, age 90</b>		By whom issued and signed <b>Mary Elvira Livingston</b>	Date issued <b>11-25-58</b>	Date Orig. Entry
	Date of Birth <b>March 14, 1897</b>	Birth Place <b>Fox Creek, Idaho</b>	Full Name of Mother <b>Mary Elvira Livingston</b>	Name of Father <b>Justin Dillard Livingston</b>	
SUPPORTING RECORD 2-	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #98625</b>	Date issued	Date Orig. Entry <b>child born Oct. 19, 1921</b>
	Date of Birth <b>age 24</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>---</b>	Name of Father <b>---</b>	
SUPPORTING RECORD 3-	Type of Document <b>Insurance Application</b>		By whom issued and signed <b>Idaho Hospital Service, Boise</b>	Date issued	Date Orig. Entry <b>Sept. 4, 1946</b>
	Date of Birth <b>March 14, 1897</b>	Birth Place <b>---</b>	Full Name of Mother <b>---</b>	Name of Father <b>---</b>	
QUALIFYING INFORMATION	Hospital Record, Idaho Falls L.D.S. Hospital, Idaho Falls, Ida.; 10-20-58: age 47 as of July 31, 1944.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. Benson</i>		Evidence reviewed by <b>nr Nancy Richards</b>	Date Filed <b>Dec. 31, 1958</b>	



993-220-004-266

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-001

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Lenore Booth Rich</i>			2. Date (month) (day) (year) Of Birth <i>June 20 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth a. County <i>Bear Lake</i>	b. City or Town of Birth <i>St Charles, Idaho</i>		
FATHER	6. Full Name of Father <i>Orson Stock Rich</i>			7. State or Country of Father's Birth <i>Idaho</i>		
MOTHER	8. Full Maiden Name of Mother <i>Leola Booth</i>			9. State or Country of Mother's Birth <i>Idaho</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lenore R. Wright</i>		11. Present Address of Registrant <i>Bennington, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 20 1958</i>			12. Signature of Notary <i>Gertrude A. McEath</i>		13. Notary Commission expires <i>Sept 16 1961</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by father, age 81		By whom issued and signed Orson S. Rich		Date issued 2-27-57	Date Orig. Entry
	Date of Birth <i>June 20, 1897</i>	Birth Place <i>St. Charles, Idaho</i>	Full Name of Mother <i>Leola Booth</i>		Name of Father <i>Orson S. Rich</i>	
SUPPORTING RECORD 2.	Type of Document Social Security Record		By whom issued and signed Social Security Administration		Date issued	Date Orig. Entry Aug. 17, 1937
	Date of Birth <i>June 20, 1897</i>	Birth Place <i>St. Charles, Idaho</i>	Full Name of Mother <i>Leola Booth</i>		Name of Father <i>Orson Stocks Rich</i>	
SUPPORTING RECORD 3.	Type of Document own child's birth certificate		By whom issued and signed Idaho #171079		Date issued	Date Orig. Entry child born May 22, 1929
	Date of Birth age 31	Birth Place Idaho	Full Name of Mother ----		Name of Father -----	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

*W. W. Benson*

Evidence reviewed by

Nancy Richards

nr

Date Filed

Jan. 5, 1959



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THE UNIVERSITY OF CHICAGO

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and for the purpose of providing for the maintenance and stability of the public order and the security of the State, the Government of the United States of America has decided to take the following measures:

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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-017  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Sherman Hansen</u>					2. Date (month) (day) (year) Of Birth <u>July 30, 1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Kendrick, Idaho</u>	6. County <u>Kendrick</u>		7. City or Town of Birth <u>Kendrick</u>		
FATHER	6. Full Name of Father <u>Andrew Hansen</u>					7. State or Country of Father's Birth <u>Iowa</u>		
MOTHER	8. Full Maiden Name of Mother <u>Susan Amanda Maxwell</u>					9. State or Country of Mother's Birth <u>Missouri</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Sherman Hansen</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 6, 1959</u>					11. Present Address of Registrant <u>Alder</u>		
	12. Signature of Notary <u>W. D. Beck</u>					13. Notary Commission expires _____ 19____		

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document (born-1886) <u>Affidavit by brother</u>		By whom issued and signed <u>Rufus A. Hansen</u>		Date issued <u>1-6-59</u>	Date Orig. Entry	
	Date of Birth <u>July 30, 1897</u>	Birth Place <u>Kendrick, Idaho</u>	Full Name of Mother <u>Susan Amanda Maxwell Hansen</u>		Name of Father <u>Andrew Hansen</u>		
SUPPORTING RECORD 2.	Type of Document <u>Insurance Application</u>		By whom issued and signed <u>Bankers Life Co.</u>		Date issued	Date Orig. Entry <u>Oct. 26, 1927</u>	
	Date of Birth <u>July 30, 1897</u>	Birth Place <u>Kendrick, Idaho</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>		
SUPPORTING RECORD 3.	Type of Document <u>own child's birth certificate</u>		By whom issued and signed <u>Idaho #126544</u>		Date issued	Date Orig. Entry <u>child born Nov. 18, 1924</u>	
	Date of Birth <u>age 27</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <u>W. D. Beck</u>			Evidence reviewed by <u>Nancy Richards</u>		Date Filed <u>Jan. 12, 1959</u>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

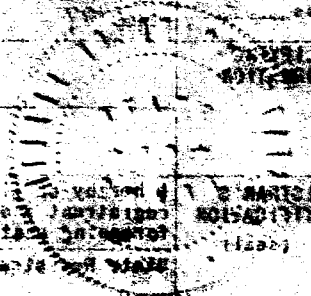
# DELAWARE CERTIFICATE OF BIRTH

STATE OF DELAWARE

1912



1. Name of Child [Blank]		2. Sex of Child [Blank]	
3. Date of Birth [Blank]		4. Place of Birth [Blank]	
5. Name of Mother [Blank]		6. Name of Father [Blank]	
7. Signature of Registrar [Blank]		8. Signature of Mother [Blank]	
9. Signature of Father [Blank]		10. Signature of Registrar [Blank]	
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REGISTRATION OF BIRTHS AND DEATHS IN THE STATE OF DELAWARE HAS BEEN MADE IN THE DIVISION OF VITAL STATISTICS AND THE RESULTS ARE HEREBY CERTIFIED TO BE TRUE AND CORRECT. THE REGISTRATION OF BIRTHS AND DEATHS IN THE STATE OF DELAWARE HAS BEEN MADE IN THE DIVISION OF VITAL STATISTICS AND THE RESULTS ARE HEREBY CERTIFIED TO BE TRUE AND CORRECT. THE REGISTRATION OF BIRTHS AND DEATHS IN THE STATE OF DELAWARE HAS BEEN MADE IN THE DIVISION OF VITAL STATISTICS AND THE RESULTS ARE HEREBY CERTIFIED TO BE TRUE AND CORRECT.

863-110-028-168

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-058

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Joseph Holm</u>				2. Date (month) (day) (year) Of Birth <u>Sept.</u> <u>10</u> <u>1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>MALE</u>	5. Place of Birth <u>Post Falls, Idaho</u>		a. County <u>Kootenai</u>		
FATHER	6. Full Name of Father <u>Thomas ERIC Holm</u>				7. State or Country of Father's Birth <u>NORWAY</u>		
MOTHER	8. Full Maiden Name of Mother <u>Caroline Johnson</u>				9. State or Country of Mother's Birth <u>NORWAY</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Joseph Holm</u>		11. Present Address of Registrant <u>Post Falls Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>Nov 24 1958</u>				12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>Dec 18 1958</u>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Social Security Record</u>		By whom issued and signed <u>Treasury Dept.</u>	Date issued	Date Orig. Entry <u>Nov. 26, 1936</u>
	Date of Birth <u>Sept. 10, 1897</u>	Birth Place <u>Post Falls, Idaho</u>	Full Name of Mother <u>Caroline Johnson</u>	Name of Father <u>Thomas Eric Holm</u>	
SUPPORTING RECORD 2-  (on or about-)	Type of Document <u>Affidavit by neighbor at time of birth, (born March 20, 1881)</u>		By whom issued and signed <u>Jennie McAlpine</u>	Date issued <u>11-24-58</u>	Date Orig. Entry
	Date of Birth <u>Sept. 10, 1897</u>	Birth Place <u>Post Falls, Idaho</u>	Full Name of Mother <u>Caroline Holm</u>	Name of Father <u>Thomas Eric Holm</u>	
SUPPORTING RECORD 3-	Type of Document <u>Insurance Policy Mutual Life Ins. Co. of N.Y.</u>		By whom issued and signed <u>Mutual Life Ins. Co., Spokane, Wash.</u>	Date issued <u>7-3-22</u>	Date Orig. Entry <u>June 27, 1922</u>
	Date of Birth <u>Sept. 10, 1897</u>	Birth Place <u>Post Falls, Idaho</u>	Full Name of Mother <u>-----</u>	Name of Father <u>-----</u>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W W Benson</u>	Evidence reviewed by <u>Nancy Richards</u>	Date Filed <u>Jan. 29, 1959</u>

**JAN 29 1968**

15-00000

1. Name of the person or organization: [Illegible]  
2. Address: [Illegible]  
3. City: [Illegible]  
4. State: [Illegible]  
5. Zip: [Illegible]  
6. Date: [Illegible]  
7. Signature: [Illegible]  
8. Title: [Illegible]  
9. Phone: [Illegible]  
10. Fax: [Illegible]  
11. E-mail: [Illegible]  
12. Other: [Illegible]

[illegible]

1. Subject's Name  
 2. Subject's Address  
 3. Subject's Date of Birth  
 4. Subject's Place of Birth  
 5. Subject's Nationality  
 6. Subject's Religion  
 7. Subject's Education  
 8. Subject's Occupation  
 9. Subject's Marital Status  
 10. Subject's Children  
 11. Subject's Parents  
 12. Subject's Siblings  
 13. Subject's Friends  
 14. Subject's Associates  
 15. Subject's Activities  
 16. Subject's Interests  
 17. Subject's Hobbies  
 18. Subject's Travels  
 19. Subject's Vehicles  
 20. Subject's Weapons  
 21. Subject's Firearms  
 22. Subject's Explosives  
 23. Subject's Chemicals  
 24. Subject's Biologicals  
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 26. Subject's Nuclears  
 27. Subject's Space  
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433-208-029-249

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-061

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>CATHERINE ARABELLA McLEOD</b>			2. Date (month) (day) (year) Of Birth <b>August 8 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth a. County b. City or Town of Birth <b>Kendrick, Idaho (Latah Co.) Kendrick</b>			
FATHER	6. Full Name of Father <b>JOHN ALEXANDER McLEOD</b>			7. State or Country of Father's Birth <b>BRUCE COUNTY, Province of Ontario</b>		
MOTHER	8. Full Maiden Name of Mother <b>ANNIE JANE BURNS</b>			9. State or Country of Mother's Birth <b>Prince Edward Island, Canada</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Catherine A. Lebar</i>		11. Present Address of Registrant <b>1422 West 11th Avenue</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>July 10th 19 58</b>			12. Signature of Notary <i>J. A. Morrow</i>		13. Notary Commission expires <i>Permanent appointment</i>
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>						
SUPPORTING RECORD 1.	Type of Document <b>Affidavit by aunt, age 71</b>		By whom issued and signed <b>Edith M. Hamilton</b>		Date issued <b>11-20-58</b>	Date Orig. Entry
	Date of Birth <b>Aug. 8, 1897</b>	Birth Place <b>Kendrick, Idaho</b>	Full Name of Mother <b>Annie Jane Burns McLeod</b>		Name of Father <b>John Angus McLeod</b>	
SUPPORTING RECORD 2. (age 49)	Type of Document <b>Hospital Record</b>		By whom issued and signed <b>University of Alberta Hospital Edmonton, Alberta, Canada</b>		Date issued <b>11-21-58</b>	Date Orig. Entry <b>April 8, 1947</b>
	Date of Birth <b>Aug. 8, 1897</b>	Birth Place <b>U.S.A.</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	
SUPPORTING RECORD 3.	Type of Document <b>Registration Record</b>		By whom issued and signed <b>Dominion Bureau of Statistics Ottawa, Canada</b>		Date issued <b>12-12-58</b>	Date Orig. Entry <b>Aug. 19, 1940</b>
	Date of Birth <b>age 43</b>	Birth Place <b>Idaho, U.S.A.</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. Benson</i>		Evidence reviewed by <b>mr Nancy Richards</b>		Date Filed <b>Jan. 29, 1959</b>	

STATE OF TEXAS  
DEPARTMENT OF HEALTH

JAN 29 1960  
FEB 5 1960

AUGUST 5 1957

HARRIS

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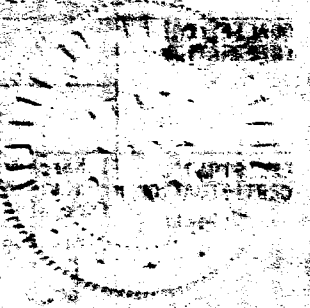
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553-220-004-155

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-064

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Luella Phoebe Nelson			2. Date (month) (day) (year) Of Birth March 20, 1897		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bear Lake	b. City or Town of Birth South Montpelier		
<b>FATHER</b>	6. Full Name of Father Nels Nelson			7. State or Country of Father's Birth Utah		
<b>MOTHER</b>	8. Full Maiden Name of Mother Margrette Katherine Jensen			9. State or Country of Mother's Birth Denmark		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Luella Phoebe Hansell</i>		11. Present Address of Registrant <i>11850 Mission St., San Gabriel, Calif.</i>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>May 14</i> 19 <i>57</i>			12. Signature of Notary <i>Hazel L. Huelbert</i>		13. Notary Commission expires <i>Sept. 28</i> 19 <i>60</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1.</b>	Type of Document Affidavit by Mother		By whom issued and signed Mrs. Trena Nelson		Date issued 5-14-57	Date Orig. Entry
	Date of Birth March 20, 1897	Birth Place Idaho South Montpelier	Full Name of Mother Margrette Katherine Jensen		Name of Father Nels Nelson	
<b>SUPPORTING RECORD 2.</b>	Type of Document Lodge Insurance Record		By whom issued and signed Grand International Auxiliary Relief Assoc., Secretary		Date issued 3-15-57	Date Orig. Entry Sept. 14, 1938
	Date of Birth age 41	Birth Place -----	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 3.</b>	Type of Document Employment Record		By whom issued and signed San Gabriel Valley Hospital San Gabriel, Calif.		Date issued	Date Orig. Entry Jan. 30, 1954
	Date of Birth March 20, 1897	Birth Place Montpelier, Idaho	Full Name of Mother -----		Name of Father -----	

## QUALIFYING INFORMATION

<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by sc Nancy Richards	Date Filed Jan. 30, 1959



DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

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STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-113

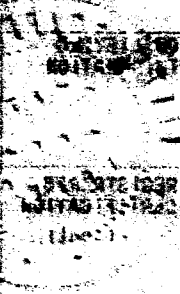
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Sylvester F. Farrell</b>				2. Date (month) (day) (year) Of Birth <b>April 10, 1897</b>			
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Boise</b>		b. City or Town of Birth <b>Idaho City</b>			
FATHER	6. Full Name of Father <b>James Farrell</b>				7. State or Country of Father's Birth <b>Idaho City, Idaho</b>			
MOTHER	8. Full Maiden Name of Mother <b>Mary Genau</b>				9. State or Country of Mother's Birth <b>Maryland</b>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>S F Farrell</i>		11. Present Address of Registrant <i>1920 N E Apt. 1</i> <b>Boise, Idaho</b>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 12 1959</i>			12. Signature of Notary <i>Hazel L. Hurlbert</i>		13. Notary Commission expires <i>Sept. 28 1960</i>		
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>								
SUPPORTING RECORD 1.	Type of Document <b>Copy of Certificate of Baptism</b>			By whom issued and signed <b>St. John's Cathedral Boise, Idaho</b>		Date issued <b>May 11, 1956</b>		Date Orig. Entry <b>Baptized May 9, 1897</b>
	Date of Birth <b>April 10, 1897</b>	Birth Place <b>--</b>		Full Name of Mother <b>Mary Genau</b>		Name of Father <b>James Farrell</b>		
SUPPORTING RECORD 2.	Type of Document <b>Statement regarding Newspaper Article in the Idaho World Vol. 25, No. 71</b>			By whom issued and signed <b>Idaho Historical Society H. J. Swinney, Director</b>		Date issued <b>Oct 3, 1956</b>		Date Orig. Entry <b>April 13, 1897</b>
	Date of Birth <b>April 10 1897</b>	Birth Place <b>Idaho City, Idaho</b>		Full Name of Mother <b>Mrs. James Farrell</b>		Name of Father <b>James Farrell</b>		
SUPPORTING RECORD 3.	Type of Document <b>Own child's birth certificate</b>			By whom issued and signed <b>on file Vital Statistics Idaho #138507</b>		Date issued		Date Orig. Entry <b>child born Dec 13, 1925</b>
	Date of Birth <b>Age 28</b>	Birth Place <b>Idaho City, Idaho</b>		Full Name of Mother <b>--</b>		Name of Father <b>--</b>		
QUALIFYING INFORMATION								
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.							
	State Registrar <b>W. W. Benson</b>			Evidence reviewed by <b>Joyce B. Foltz</b>			Date Filed <b>Feb 12, 1959</b>	

# DEPARTMENT OF HEALTH STATE OF IDAHO OFFICE OF VITAL RECORDS

FEB 13 1937

1937-113

<p>1. Name of Child <b>James Farrell</b></p>		<p>2. Sex <b>Male</b></p>		<p>3. Date of Birth <b>April 10, 1937</b></p>		<p>4. Place of Birth <b>Idaho City, Idaho</b></p>		<p>5. Name of Father <b>James Farrell</b></p>		<p>6. Name of Mother <b>Mary Gellan</b></p>	
<p>7. State or County of Residence <b>Idaho City, Idaho</b></p>		<p>8. Name of Hospital or Physician <b>Idaho City, Idaho</b></p>		<p>9. Signature of Physician <i>[Signature]</i></p>		<p>10. Signature of Registrar <i>[Signature]</i></p>		<p>11. Date of Registration <b>Feb 13, 1937</b></p>		<p>12. Office of Registrar <b>Idaho City, Idaho</b></p>	
<p>13. Name of Child <b>James Farrell</b></p>		<p>14. Sex <b>Male</b></p>		<p>15. Date of Birth <b>April 10, 1937</b></p>		<p>16. Place of Birth <b>Idaho City, Idaho</b></p>		<p>17. Name of Father <b>James Farrell</b></p>		<p>18. Name of Mother <b>Mary Gellan</b></p>	
<p>19. State or County of Residence <b>Idaho City, Idaho</b></p>		<p>20. Name of Hospital or Physician <b>Idaho City, Idaho</b></p>		<p>21. Signature of Physician <i>[Signature]</i></p>		<p>22. Signature of Registrar <i>[Signature]</i></p>		<p>23. Date of Registration <b>Feb 13, 1937</b></p>		<p>24. Office of Registrar <b>Idaho City, Idaho</b></p>	
<p>25. Name of Child <b>James Farrell</b></p>		<p>26. Sex <b>Male</b></p>		<p>27. Date of Birth <b>April 10, 1937</b></p>		<p>28. Place of Birth <b>Idaho City, Idaho</b></p>		<p>29. Name of Father <b>James Farrell</b></p>		<p>30. Name of Mother <b>Mary Gellan</b></p>	
<p>31. State or County of Residence <b>Idaho City, Idaho</b></p>		<p>32. Name of Hospital or Physician <b>Idaho City, Idaho</b></p>		<p>33. Signature of Physician <i>[Signature]</i></p>		<p>34. Signature of Registrar <i>[Signature]</i></p>		<p>35. Date of Registration <b>Feb 13, 1937</b></p>		<p>36. Office of Registrar <b>Idaho City, Idaho</b></p>	



NOTED: This is a true and correct copy of the original birth certificate as filed in the Division of Vital Statistics for the State of Idaho. The original certificate has been reviewed and found to be correct and is hereby certified to be a true and correct copy of the original.

W. W. Benson

Joyce E. Felt

Feb 13, 1937

264-225-010-593

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-124

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Hanna Goldie Bodin (Wolquist)			2. Date (month) (day) (year) Of Birth February 25 1897	
	3. Color or Race white	4. Sex F	5. Place of Birth a. County Idaho Falls Bonneville	b. City or Town of Birth Idaho Falls Idaho	
FATHER	6. Full Name of Father Carl J. Bodin			7. State or Country of Father's Birth Sweden	
MOTHER	8. Full Maiden Name of Mother Mary Nilson			9. State or Country of Mother's Birth Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Hanna Goldie Bodin</i>	11. Present Address of Registrant Idaho Falls, Idaho, RFD 3
NOTARY (Seal)	Subscribed and sworn to before me on December 1 1958			12. Signature of Notary <i>R. W. Benson</i>	13. Notary Commission expires June 16 1959

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Insurance Policy Application		By whom issued and signed Royal Neighbors of America	Date issued	Date Orig. Entry Dec. 20, 1926
	Date of Birth Feb. 25, 1897	Birth Place Bonneville Co. Idaho Falls, Idaho	Full Name of Mother ----	Name of Father ----	
SUPPORTING RECORD 2.	Type of Document own child's birth certificate		By whom issued and signed Idaho #331235	Date issued	Date Orig. Entry child born July 26, 1922
	Date of Birth age 25	Birth Place Idaho Falls, Idaho	Full Name of Mother ----	Name of Father ----	
SUPPORTING RECORD 3.	Type of Document Baptismal Certificate		By whom issued and signed Pastor Aug. Steele (church not shown)	Date issued	Date Orig. Entry April 17, 1897
	Date of Birth Feb. 25, 1897	Birth Place Idaho Falls, Idaho	Full Name of Mother Mrs. M. Bodin	Name of Father Charly Bodin	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>R. W. Benson</i>	Evidence reviewed by nr Nancy Richards	Date Filed Feb. 16, 1959

FEB 17 1934

DECEASED CERTIFICATE OF DEATH  
STATE OF IOWA

1. Name of deceased <b>Harry Wilson</b>		2. Date of death <b>December 1, 1933</b>	
3. Place of death <b>Idaho Falls, Idaho</b>		4. Cause of death <b>Heart disease</b>	
5. Name of informant <b>Harry Wilson</b>		6. Address of informant <b>Idaho Falls, Idaho</b>	
7. Name of physician <b>Dr. J. J. Bodin</b>		8. Address of physician <b>Idaho Falls, Idaho</b>	
9. Name of funeral home <b>Idaho Falls, Idaho</b>		10. Date of funeral <b>January 10, 1934</b>	
11. Name of cemetery <b>Idaho Falls, Idaho</b>		12. Date of burial <b>January 10, 1934</b>	
13. Name of undertaker <b>Idaho Falls, Idaho</b>		14. Date of interment <b>January 10, 1934</b>	
15. Name of registrar <b>Idaho Falls, Idaho</b>		16. Date of registration <b>January 10, 1934</b>	
17. Name of registrar <b>Idaho Falls, Idaho</b>		18. Date of registration <b>January 10, 1934</b>	
19. Name of registrar <b>Idaho Falls, Idaho</b>		20. Date of registration <b>January 10, 1934</b>	
21. Name of registrar <b>Idaho Falls, Idaho</b>		22. Date of registration <b>January 10, 1934</b>	
23. Name of registrar <b>Idaho Falls, Idaho</b>		24. Date of registration <b>January 10, 1934</b>	
25. Name of registrar <b>Idaho Falls, Idaho</b>		26. Date of registration <b>January 10, 1934</b>	
27. Name of registrar <b>Idaho Falls, Idaho</b>		28. Date of registration <b>January 10, 1934</b>	
29. Name of registrar <b>Idaho Falls, Idaho</b>		30. Date of registration <b>January 10, 1934</b>	
31. Name of registrar <b>Idaho Falls, Idaho</b>		32. Date of registration <b>January 10, 1934</b>	
33. Name of registrar <b>Idaho Falls, Idaho</b>		34. Date of registration <b>January 10, 1934</b>	
35. Name of registrar <b>Idaho Falls, Idaho</b>		36. Date of registration <b>January 10, 1934</b>	
37. Name of registrar <b>Idaho Falls, Idaho</b>		38. Date of registration <b>January 10, 1934</b>	
39. Name of registrar <b>Idaho Falls, Idaho</b>		40. Date of registration <b>January 10, 1934</b>	
41. Name of registrar <b>Idaho Falls, Idaho</b>		42. Date of registration <b>January 10, 1934</b>	
43. Name of registrar <b>Idaho Falls, Idaho</b>		44. Date of registration <b>January 10, 1934</b>	
45. Name of registrar <b>Idaho Falls, Idaho</b>		46. Date of registration <b>January 10, 1934</b>	
47. Name of registrar <b>Idaho Falls, Idaho</b>		48. Date of registration <b>January 10, 1934</b>	
49. Name of registrar <b>Idaho Falls, Idaho</b>		50. Date of registration <b>January 10, 1934</b>	
51. Name of registrar <b>Idaho Falls, Idaho</b>		52. Date of registration <b>January 10, 1934</b>	
53. Name of registrar <b>Idaho Falls, Idaho</b>		54. Date of registration <b>January 10, 1934</b>	
55. Name of registrar <b>Idaho Falls, Idaho</b>		56. Date of registration <b>January 10, 1934</b>	
57. Name of registrar <b>Idaho Falls, Idaho</b>		58. Date of registration <b>January 10, 1934</b>	
59. Name of registrar <b>Idaho Falls, Idaho</b>		60. Date of registration <b>January 10, 1934</b>	
61. Name of registrar <b>Idaho Falls, Idaho</b>		62. Date of registration <b>January 10, 1934</b>	
63. Name of registrar <b>Idaho Falls, Idaho</b>		64. Date of registration <b>January 10, 1934</b>	
65. Name of registrar <b>Idaho Falls, Idaho</b>		66. Date of registration <b>January 10, 1934</b>	
67. Name of registrar <b>Idaho Falls, Idaho</b>		68. Date of registration <b>January 10, 1934</b>	
69. Name of registrar <b>Idaho Falls, Idaho</b>		70. Date of registration <b>January 10, 1934</b>	
71. Name of registrar <b>Idaho Falls, Idaho</b>		72. Date of registration <b>January 10, 1934</b>	
73. Name of registrar <b>Idaho Falls, Idaho</b>		74. Date of registration <b>January 10, 1934</b>	
75. Name of registrar <b>Idaho Falls, Idaho</b>		76. Date of registration <b>January 10, 1934</b>	
77. Name of registrar <b>Idaho Falls, Idaho</b>		78. Date of registration <b>January 10, 1934</b>	
79. Name of registrar <b>Idaho Falls, Idaho</b>		80. Date of registration <b>January 10, 1934</b>	
81. Name of registrar <b>Idaho Falls, Idaho</b>		82. Date of registration <b>January 10, 1934</b>	
83. Name of registrar <b>Idaho Falls, Idaho</b>		84. Date of registration <b>January 10, 1934</b>	
85. Name of registrar <b>Idaho Falls, Idaho</b>		86. Date of registration <b>January 10, 1934</b>	
87. Name of registrar <b>Idaho Falls, Idaho</b>		88. Date of registration <b>January 10, 1934</b>	
89. Name of registrar <b>Idaho Falls, Idaho</b>		90. Date of registration <b>January 10, 1934</b>	
91. Name of registrar <b>Idaho Falls, Idaho</b>		92. Date of registration <b>January 10, 1934</b>	
93. Name of registrar <b>Idaho Falls, Idaho</b>		94. Date of registration <b>January 10, 1934</b>	
95. Name of registrar <b>Idaho Falls, Idaho</b>		96. Date of registration <b>January 10, 1934</b>	
97. Name of registrar <b>Idaho Falls, Idaho</b>		98. Date of registration <b>January 10, 1934</b>	
99. Name of registrar <b>Idaho Falls, Idaho</b>		100. Date of registration <b>January 10, 1934</b>	



35-6-207-001-555 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. De59-164  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Bessie Laura Leonard</b>			2. Date (month) (day) (year) Of Birth <b>February 7, 1897</b>	
	3. Color or Race <b>Caucasian</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Idaho</b>	6. City or Town of Birth <b>Meridian</b>	
FATHER	6. Full Name of Father <b>Andrew Jackson Leonard</b>			7. State or Country of Father's Birth <b>Alabama, U. S. A.</b>	
MOTHER	8. Full Maiden Name of Mother <b>Margaret Sarah Venable</b>			9. State or Country of Mother's Birth <b>Texas, U. S. A.</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Bessie Laura Holleyfield</i>	11. Present Address of Registrant <b>Route #3, Box 310-A, Hot Springs, Arkansas.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>December 4, 19 58</b>			12. Signature of Notary <i>Orville Evans</i>	13. Notary Commission expires <b>February 21, 19 61</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Statement re:</b> <b>Insurance Policy</b>		By whom issued and signed <b>New York Life Ins. Co.</b>	Date issued <b>2-18-55</b>	Date Orig. Entry <b>application Nov. 30, 1921</b>
	Date of Birth <b>Feb. 7, 1897</b>	Birth Place <b>Meridian, Idaho</b>	Full Name of Mother <b>-----</b>	Name of Father <b>-----</b>	
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by brother, more than 10 years older</b>		By whom issued and signed <b>James Leonard</b>	Date issued <b>2-20-57</b>	Date Orig. Entry
	Date of Birth <b>Feb. 7, 1897</b>	Birth Place <b>Meridian, Idaho</b>	Full Name of Mother <b>Margaret Sarah Leonard</b>	Name of Father <b>Andrew Jackson Leonard</b>	
SUPPORTING RECORD 3.	Type of Document <b>Insurance Record</b>		By whom issued and signed <b>Metropolitan Life Ins. Co.</b>	Date issued	Date Orig. Entry <b>March 8, 1934</b>
	Date of Birth <b>Feb. 7, 1897</b>	Birth Place <b>Meridian, Idaho</b>	Full Name of Mother <b>-----</b>	Name of Father <b>-----</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>Mr. W. W. Benson</b>	Date Filed <b>Feb. 25, 1959</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-179  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>CLYDE B. ANDERSON</b>				2. Date (month) (day) (year) Of Birth <b>January 21, 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth <b>Rexburg</b>		a. County <b>Fremont</b>	
FATHER	6. Full Name of Father <b>Olaf Shenstrom Anderson</b>				7. State or Country of Father's Birth <b>Utah</b>	
MOTHER	8. Full Maiden Name of Mother <b>Marian Bell</b>				9. State or Country of Mother's Birth <b>Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Clyde B. Anderson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 5</i> 19 <i>59</i>				11. Present Address of Registrant <b>2100 Tiffin Rd., Oakland Calif.</b>	
	12. Signature of Notary <i>Frank Magnusia</i>				13. Notary Commission expires <i>January 10</i> 19 <i>61</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-  Class* <u>A</u>	Type of Document <b>Church Record</b>		By whom issued and signed <b>Bannock Stake, Rexburg 2nd Ward, LDS Church</b>		Date issued <b>8-24-54</b>
	Date of Birth <b>Jan. 21, 1897</b>	Birth Place <b>Fremont Co. Rexburg, Idaho</b>	Full Name of Mother <b>Marian Bell</b>		Date Orig. Entry <b>March 7, 1897</b>
SUPPORTING RECORD 2-  Class <u>B</u>	Type of Document <b>Social Security Record</b>		By whom issued and signed <b>Treasury Dept.</b>		Date issued <b>Dec. 5, 1936</b>
	Date of Birth <b>Jan. 21, 1897</b>	Birth Place <b>Rexburg, Idaho</b>	Full Name of Mother <b>Marion Bell Anderson</b>		Name of Father <b>Olaf S. Anderson</b>
SUPPORTING RECORD 3-  Class <u>B</u> en	Type of Document <b>Honorable Discharge Record</b>		By whom issued and signed <b>U. S. Army</b>		Date issued <b>12-19-18</b>
	Date of Birth <b>21 yrs.</b>	Birth Place <b>Rexburg, Idaho</b>	Full Name of Mother <b>-----</b>		Date Orig. Entry <b>enlisted 8-15-18</b>

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. L. Benson</i>	Evidence reviewed by <b>nr Nancy Richards</b>	Date Filed <b>March 2, 1959</b>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



# DECEASED CERTIFICATE OF BIRTH

MADE 2 AM

1. Name of Deceased 2. Date of Birth 3. Place of Birth 4. Sex 5. Race 6. Color 7. State or County of Birth 8. Name of Mother 9. Name of Father 10. Name of Deceased at Birth		11. Signature of Registrar 12. Signature of Deceased 13. Signature of Mother 14. Signature of Father 15. Signature of Deceased at Birth	
16. Date of Birth 17. Place of Birth 18. Sex 19. Race 20. Color 21. State or County of Birth 22. Name of Mother 23. Name of Father 24. Name of Deceased at Birth		25. Signature of Registrar 26. Signature of Deceased 27. Signature of Mother 28. Signature of Father 29. Signature of Deceased at Birth	

30. Date of Birth 31. Place of Birth 32. Sex 33. Race 34. Color 35. State or County of Birth 36. Name of Mother 37. Name of Father 38. Name of Deceased at Birth		39. Signature of Registrar 40. Signature of Deceased 41. Signature of Mother 42. Signature of Father 43. Signature of Deceased at Birth	
44. Date of Birth 45. Place of Birth 46. Sex 47. Race 48. Color 49. State or County of Birth 50. Name of Mother 51. Name of Father 52. Name of Deceased at Birth		53. Signature of Registrar 54. Signature of Deceased 55. Signature of Mother 56. Signature of Father 57. Signature of Deceased at Birth	

58. Date of Birth 59. Place of Birth 60. Sex 61. Race 62. Color 63. State or County of Birth 64. Name of Mother 65. Name of Father 66. Name of Deceased at Birth		67. Signature of Registrar 68. Signature of Deceased 69. Signature of Mother 70. Signature of Father 71. Signature of Deceased at Birth	
72. Date of Birth 73. Place of Birth 74. Sex 75. Race 76. Color 77. State or County of Birth 78. Name of Mother 79. Name of Father 80. Name of Deceased at Birth		81. Signature of Registrar 82. Signature of Deceased 83. Signature of Mother 84. Signature of Father 85. Signature of Deceased at Birth	

319-111-036 - 852

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-200

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Lars Harvey Larsen</b>			2. Date (month) (day) (year) Of Birth <b>Feb. 11 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Glendale, Oneida</b>	b. City or Town of Birth <b>Glendale (mailing address-Preston)</b>	
FATHER	6. Full Name of Father <b>Lars Christian Larsen, Jr.</b>			7. State or Country of Father's Birth <b>Utah</b>	
MOTHER	8. Full Maiden Name of Mother <b>Elizabeth Ann Hebdon</b>			9. State or Country of Mother's Birth <b>Idaho</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lars Harvey Larsen</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>Feb. 25, 1959.</b>			11. Present Address of Registrant <b>Preston, Idaho.</b>	
				12. Signature of Notary <i>P. M. Condie</i>	
				13. Notary Commission expires <b>Nov. 29, 1962.</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Church Record--Baptism</b>		By whom issued and signed <b>LDs Church, Salt Lake City</b>		Date issued <b>2-16-59</b>	Date Orig. Entry <b>May 7, 1905</b>
	Date of Birth <b>Feb. 11, 1897</b>	Birth Place <b>Glendale, Idaho</b>	Full Name of Mother <b>Elizabeth Hebdon</b>		Name of Father <b>Lars C. Larsen, Jr.</b>	
SUPPORTING RECORD 2.	Type of Document <b>Marriage Record</b>		By whom issued and signed <b>Cache County, Utah</b>		Date issued <b>3-59</b>	Date Orig. Entry <b>Dec. 2, 1919</b>
	Date of Birth <b>Feb. 11, 1897</b>	Birth Place <b>Preston, Idaho</b>	Full Name of Mother (born-Idaho) <b>Elizabeth Ann Hebdon</b>		Name of Father (born-Utah) <b>L. C. Larsen</b>	
SUPPORTING RECORD 3.	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Beneficial Life Ins. Co.</b>		Date issued <b>2-1-31</b>	Date Orig. Entry <b>Jan. 22, 1931</b>
	Date of Birth <b>Feb. 11, 1897</b>	Birth Place <b>Preston, Idaho</b>	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by <b>Nancy Richards</b>	Date Filed <b>March 4, 1959</b>

# DELETED CERTIFICATE OF BIRTH STATE OF IOWA

STATE OF IOWA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
DES MOINES, IOWA

DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

NAME: [REDACTED]  
FATHER: [REDACTED]  
MOTHER: [REDACTED]  
DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

NAME: [REDACTED]  
FATHER: [REDACTED]  
MOTHER: [REDACTED]  
DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

NAME: [REDACTED]  
FATHER: [REDACTED]  
MOTHER: [REDACTED]  
DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

NAME: [REDACTED]  
FATHER: [REDACTED]  
MOTHER: [REDACTED]  
DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

NAME: [REDACTED]  
FATHER: [REDACTED]  
MOTHER: [REDACTED]  
DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

NAME: [REDACTED]  
FATHER: [REDACTED]  
MOTHER: [REDACTED]  
DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

NAME: [REDACTED]  
FATHER: [REDACTED]  
MOTHER: [REDACTED]  
DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

NAME: [REDACTED]  
FATHER: [REDACTED]  
MOTHER: [REDACTED]  
DATE OF BIRTH: 1900  
PLACE OF BIRTH: IOWA

791-225-006-449

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-230

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Cora Adeline Pratt</b>				2. Date of Birth November 25 1897	
	3. Color or Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Idaho</i>	a. County <i>Bingham</i>	b. City or Town of Birth <i>Presto near Blackfoot</i>	
FATHER	6. Full Name of Father <i>James Pratt</i>				7. State or Country of Father's Birth <i>Wales</i>	
MOTHER	8. Full Maiden Name of Mother <i>Mary Adeline Murphy</i>				9. State or Country of Mother's Birth <i>Utah</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Cora Carson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 27<sup>th</sup> 1959</i>				11. Present Address of Registrant <i>2822<sup>nd</sup> St Sacramento</i>	
					12. Signature of Notary <i>Geo H. Giebe</i>	
					13. Notary Commission expires <i>July 19<sup>th</sup> 1962</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Affidavit by family friend, age 72</i>		By whom issued and signed <i>Edna Sullivan</i>	Date issued <i>3-6-59</i>	Date Orig. Entry
	Date of Birth <i>Nov. 25, 1897</i>	Birth Place <i>Presto, Idaho</i>	Full Name of Mother <i>Mary Murphy Pratt</i>	Name of Father <i>James Pratt</i>	
SUPPORTING RECORD 2.	Type of Document <i>Marriage Record</i>		By whom issued and signed <i>Bingham Co.; Blackfoot, Idaho</i>	Date issued <i>2-20-59</i>	Date Orig. Entry <i>Sept. 5, 1919</i>
	Date of Birth <i>age 21</i>	Birth Place <i>---</i>	Full Name of Mother <i>---</i>	Name of Father <i>---</i>	
SUPPORTING RECORD 3.	Type of Document <i>own child's birth certificate</i>		By whom issued and signed <i>Idaho #81429</i>	Date issued	Date Orig. Entry <i>child born July 21, 1920</i>
	Date of Birth <i>age 22</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>---</i>	Name of Father <i>---</i>	

QUALIFYING INFORMATION	Insurance Application, American Home Benefit Assoc., Inc.; May 11, 1950: born--		
	Nov. 25, 1897.		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Nancy Richards</i>	Date Filed <i>March 16, 1959</i>

MAR 16 1959

STATE OF IOWA  
DELAID CERTIFICATE FOR FORTH

355-250

1. Name of Person	2. Date of Birth	3. Sex	4. Race	5. Height	6. Weight	7. Eyes	8. Hair	9. Complexion	10. Signature of Registrar	11. Date of Issuance
12. Name of Person	13. Date of Birth	14. Sex	15. Race	16. Height	17. Weight	18. Eyes	19. Hair	20. Complexion	21. Signature of Registrar	22. Date of Issuance
23. Name of Person	24. Date of Birth	25. Sex	26. Race	27. Height	28. Weight	29. Eyes	30. Hair	31. Complexion	32. Signature of Registrar	33. Date of Issuance
34. Name of Person	35. Date of Birth	36. Sex	37. Race	38. Height	39. Weight	40. Eyes	41. Hair	42. Complexion	43. Signature of Registrar	44. Date of Issuance
45. Name of Person	46. Date of Birth	47. Sex	48. Race	49. Height	50. Weight	51. Eyes	52. Hair	53. Complexion	54. Signature of Registrar	55. Date of Issuance
56. Name of Person	57. Date of Birth	58. Sex	59. Race	60. Height	61. Weight	62. Eyes	63. Hair	64. Complexion	65. Signature of Registrar	66. Date of Issuance
67. Name of Person	68. Date of Birth	69. Sex	70. Race	71. Height	72. Weight	73. Eyes	74. Hair	75. Complexion	76. Signature of Registrar	77. Date of Issuance
78. Name of Person	79. Date of Birth	80. Sex	81. Race	82. Height	83. Weight	84. Eyes	85. Hair	86. Complexion	87. Signature of Registrar	88. Date of Issuance
89. Name of Person	90. Date of Birth	91. Sex	92. Race	93. Height	94. Weight	95. Eyes	96. Hair	97. Complexion	98. Signature of Registrar	99. Date of Issuance
100. Name of Person	101. Date of Birth	102. Sex	103. Race	104. Height	105. Weight	106. Eyes	107. Hair	108. Complexion	109. Signature of Registrar	110. Date of Issuance

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-332

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Rose Ann Browning			2. Date of Birth (month) (day) (year) April 10 1897		
	3. Color or Race white	4. Sex Fem	5. Place of Birth Latah	a. County b. City or Town of Birth Potlatch, Idaho (Freeze, Idaho)		
FATHER	6. Full Name of Father Gilbert Newton Browning			7. State or Country of Father's Birth Missouri		
MOTHER	8. Full Maiden Name of Mother Amanda Berthine Boyd			9. State or Country of Mother's Birth Missouri		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Rose Ann Nagle</i>		11. Present Address of Registrant Palouse, Washington
NOTARY (Seal)	Subscribed and sworn to before me on April 1, 1959 19			12. Signature of Notary <i>C. W. Walton</i>		13. Notary Commission expires August 1, 1959

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Affidavits by neighbors at time of birth		By whom issued and signed Rose V. White (11 yrs. senior) Julia Vogel (10 yrs. senior)		Date Issued 4-3-59
	Date of Birth April 10, 1897	Birth Place Freeze, Idaho	Full Name of Mother -----		Name of Father Gilbert Browning
SUPPORTING RECORD 2.	Type of Document Hospital Record		By whom issued and signed St. Ignatius Hospital Colfax, Washington		Date Issued 4-6-59
	Date of Birth April 10 (age 54)	Birth Place Potlatch, Idaho	Full Name of Mother (born-Missouri) Amanda Boyd		Name of Father (born-Missouri) Gilbert N. Browning
SUPPORTING RECORD 3.	Type of Document Driver's License		By whom issued and signed Idaho #164703		Date Issued 4-22-53
	Date of Birth April 10, 1897	Birth Place -----	Full Name of Mother -----		Name of Father -----

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Nancy Richards	Date Filed April 20, 1959



817-215-016-817

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Ruth Hague</i>					2. Date (month) (day) (year) Of Birth <i>Feb. 15, 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Oakley, Idaho</i>	a. County <i>Cassia</i>	b. City or Town of Birth (Basin-- P.O. Oakley)			
FATHER	6. Full Name of Father <i>Lemuel Thomas Hague</i>					7. State or Country of Father's Birth <i>Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Mary E. Dayley</i>					9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Ruth Fairchild</i>		11. Present Address of Registrant <i>Oakley, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 21 1959</i>					12. Signature of Notary <i>John F. Davidson</i>		13. Notary Commission expires <i>Feb 1st 1961</i>

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Church Record--Baptism</i>		By whom issued and signed <i>Oakley 1st Ward, Cassia Stake LDS Church</i>		Date issued <i>4-21-59</i>	Date Orig. Entry <i>Sept. 17, 1914</i>
	Date of Birth <i>Feb. 15, 1897</i>	Birth Place <i>Cassia Co. Basin, Idaho</i>	Full Name of Mother <i>Mary Dayley</i>		Name of Father <i>Lemuel Hague</i>	
SUPPORTING RECORD 2-	Type of Document <i>Affidavit by friend at time of birth, age 87</i>		By whom issued and signed <i>Louisiana Fairchild</i>		Date issued <i>4-21-59</i>	Date Orig. Entry
	Date of Birth <i>Feb. 15, 1897</i>	Birth Place <i>Oakley, Idaho</i>	Full Name of Mother <i>Mary E. Dayley</i>		Name of Father <i>Lemuel Thomas Hague</i>	
SUPPORTING RECORD 3-	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>Beneficial Life Ins. Co.</i>		Date issued <i>3-17-41</i>	Date Orig. Entry <i>March 12, 1941</i>
	Date of Birth <i>Feb. 15, 1897</i>	Birth Place <i>Oakley, Idaho</i>	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Nancy Richards</i>		Date Filed <i>April 28, 1959</i>	



# STATE OF TEXAS DEPARTMENT OF HEALTH BIRTH CERTIFICATE

APR 28 1960

1. Name of child		2. Sex		3. Date of birth		4. Time of birth		5. Place of birth		6. Name of mother		7. Name of father		8. Name of informant	
[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]	
9. Signature of mother		10. Signature of father		11. Signature of informant		12. Signature of registrar		13. Signature of physician		14. Signature of nurse		15. Signature of midwife		16. Signature of other	
[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]		[Faint text]	



THIS BIRTH CERTIFICATE IS A PUBLIC RECORD AND IS NOT TO BE DESTROYED. IT IS THE POLICY OF THE STATE OF TEXAS TO MAINTAIN A COMPLETE RECORD OF ALL BIRTHS. ANY PERSON WHOSE NAME APPEARS ON THIS CERTIFICATE IS ENTITLED TO A COPY OF IT. THE BIRTH CERTIFICATE IS A LEGAL DOCUMENT AND IS REQUIRED FOR MANY PURPOSES, INCLUDING THE OBTAINING OF A PASSPORT, VOTING, AND RECEIVING SOCIAL SECURITY BENEFITS. IT IS IMPORTANT TO KEEP A COPY OF THIS CERTIFICATE FOR YOUR RECORDS.

122-230-007-249

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-381

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Breitta Larie Abbott			2. Date (month) (day) (year) Of Birth June 30 1897		
	3. Color or Race W	4. Sex F	5. Place of Birth a. County Blaine	b. City or Town of Birth Ranch 6 miles S. E. of Minidoka, Idaho		
FATHER	6. Full Name of Father Asahel Shelby Abbott			7. State or Country of Father's Birth Oregon		
MOTHER	8. Full Maiden Name of Mother (Dora) Alva Alice Smith			9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Breitta Larie Cowan		11. Present Address of Registrant 2108 E. Front Avenue Albany, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on March 17 1959			12. Signature of Notary W. H. Bollev		13. Notary Commission expires October 18 1962

## APPLICANT— DO NOT WRITE BELOW THIS LINE

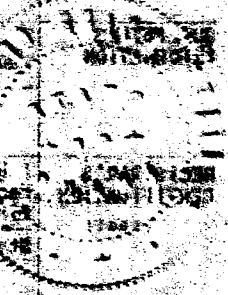
SUPPORTING RECORD 1-	Type of Document (more than 10 yrs. older) Affidavit by brother		By whom issued and signed Asa Elmer Abbott	Date issued 4-7-59	Date Orig. Entry
	Date of Birth June 30, 1897	Birth Place 6 mi. SE of Minidoka, Blaine Co., Idaho	Full Name of Mother (Dora) Alva Alice Smith	Name of Father Ashel Shelby Abbott	
SUPPORTING RECORD 2-	Type of Document Marriage Record		By whom issued and signed Kitsap County, Wash.	Date issued 3-20-59	Date Orig. Entry Oct. 13, 1949
	Date of Birth age 52	Birth Place Minidoka, Idaho	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 3-	Type of Document own child's birth certificate		By whom issued and signed California #2109	Date issued 8-9-57	Date Orig. Entry child born Dec. 27, 1924
	Date of Birth age 27	Birth Place Idaho	Full Name of Mother -----	Name of Father -----	

QUALIFYING INFORMATION	Employment Record, Navy Dept., Bremerton, Wash.; 10-28-47: born June 30, 1897.		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Nancy Richards	Date Filed April 28, 1959

# STATE OF ALABAMA DEPARTMENT OF PUBLIC HEALTH

MAY 11 1959

<p>1. Name of child at birth</p>		<p>2. Sex</p>	
<p>3. Date of birth</p>		<p>4. Place of birth</p>	
<p>5. Name of mother</p>		<p>6. Full married name of mother</p>	
<p>7. (Total) Age of mother</p>		<p>8. Name of father</p>	
<p>9. Full married name of father</p>		<p>10. (Total) Age of father</p>	
<p>11. Name of hospital or institution where born</p>		<p>12. Name of physician or midwife</p>	
<p>13. Name of nurse or attendant</p>		<p>14. Name of mother's residence</p>	
<p>15. Name of father's residence</p>		<p>16. Name of child's residence</p>	
<p>17. Name of child's school</p>		<p>18. Name of child's employer</p>	
<p>19. Name of child's religious denomination</p>		<p>20. Name of child's race</p>	
<p>21. Name of child's color</p>		<p>22. Name of child's religion</p>	
<p>23. Name of child's occupation</p>		<p>24. Name of child's profession</p>	
<p>25. Name of child's trade</p>		<p>26. Name of child's service</p>	
<p>27. Name of child's business</p>		<p>28. Name of child's industry</p>	
<p>29. Name of child's occupation</p>		<p>30. Name of child's profession</p>	
<p>31. Name of child's trade</p>		<p>32. Name of child's service</p>	
<p>33. Name of child's business</p>		<p>34. Name of child's industry</p>	
<p>35. Name of child's occupation</p>		<p>36. Name of child's profession</p>	
<p>37. Name of child's trade</p>		<p>38. Name of child's service</p>	
<p>39. Name of child's business</p>		<p>40. Name of child's industry</p>	
<p>41. Name of child's occupation</p>		<p>42. Name of child's profession</p>	
<p>43. Name of child's trade</p>		<p>44. Name of child's service</p>	
<p>45. Name of child's business</p>		<p>46. Name of child's industry</p>	
<p>47. Name of child's occupation</p>		<p>48. Name of child's profession</p>	
<p>49. Name of child's trade</p>		<p>50. Name of child's service</p>	
<p>51. Name of child's business</p>		<p>52. Name of child's industry</p>	
<p>53. Name of child's occupation</p>		<p>54. Name of child's profession</p>	
<p>55. Name of child's trade</p>		<p>56. Name of child's service</p>	
<p>57. Name of child's business</p>		<p>58. Name of child's industry</p>	
<p>59. Name of child's occupation</p>		<p>60. Name of child's profession</p>	
<p>61. Name of child's trade</p>		<p>62. Name of child's service</p>	
<p>63. Name of child's business</p>		<p>64. Name of child's industry</p>	
<p>65. Name of child's occupation</p>		<p>66. Name of child's profession</p>	
<p>67. Name of child's trade</p>		<p>68. Name of child's service</p>	
<p>69. Name of child's business</p>		<p>70. Name of child's industry</p>	
<p>71. Name of child's occupation</p>		<p>72. Name of child's profession</p>	
<p>73. Name of child's trade</p>		<p>74. Name of child's service</p>	
<p>75. Name of child's business</p>		<p>76. Name of child's industry</p>	
<p>77. Name of child's occupation</p>		<p>78. Name of child's profession</p>	
<p>79. Name of child's trade</p>		<p>80. Name of child's service</p>	
<p>81. Name of child's business</p>		<p>82. Name of child's industry</p>	
<p>83. Name of child's occupation</p>		<p>84. Name of child's profession</p>	
<p>85. Name of child's trade</p>		<p>86. Name of child's service</p>	
<p>87. Name of child's business</p>		<p>88. Name of child's industry</p>	
<p>89. Name of child's occupation</p>		<p>90. Name of child's profession</p>	
<p>91. Name of child's trade</p>		<p>92. Name of child's service</p>	
<p>93. Name of child's business</p>		<p>94. Name of child's industry</p>	
<p>95. Name of child's occupation</p>		<p>96. Name of child's profession</p>	
<p>97. Name of child's trade</p>		<p>98. Name of child's service</p>	
<p>99. Name of child's business</p>		<p>100. Name of child's industry</p>	



714-201-008-999

## DELAYED CERTIFICATE OF BIRTH

State File No. De59-443

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

STATE OF IDAHO

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>ILA DOLORES GAUMER</b>					2. Date (month) (day) (year) Of Birth <b>AUG. 1<sup>st</sup> 1897</b>		
	3. Color or Race <b>WHITE</b>	4. Sex <b>F</b>	5. Place of Birth <b>BOISE IDAHO</b>		a. County	b. City or Town of Birth		
FATHER	6. Full Name of Father <b>AARON IRWIN GAUMER</b>					7. State or Country of Father's Birth <b>Woohester Township, Penn</b>		
MOTHER	8. Full Maiden Name of Mother <b>Harriet Shirley Irish</b>					9. State or Country of Mother's Birth <b>ILLINOIS</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant, <i>Ida D. Perkins</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>May 13 1959</b>					11. Present Address of Registrant <b>11302 Acadia Calif.</b>		
	12. Signature of Notary <i>Loraine J. Leakyder</i>					13. Notary Commission expires <b>My Commission Expires Oct. 3, 1960</b>		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Affidavit by brother, age 71		Irwin C. Gaumer		11-26-55	
Class B	Date of Birth	Birth Place	Full Name of Mother (born-Illinois)		Name of Father (born-Penn.)	
	Aug. 1, 1897	Boise City, Idaho	Harriet Shirley Irish		Aaron Irwin Gaumer	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	own child's birth certificate		California #676		9-8-55	child born Dec. 11, 1922
Class B	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	age 25	Idaho	----		----	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	School Record		Fullerton Union High School Fullerton, California		4-23-59	Sept. 15, 1913
Class B	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	age 16	----	----		A. Gaumer	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by Nancy Richards		Date Filed May 22, 1959	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



968-213-020-962

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 59-463

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Sophia Rohrer			2. Date (month) (day) (year) Of Birth November 13, 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Elmore	b. City or Town of Birth Mountain Home	
FATHER	6. Full Name of Father Constantino Rohrer			7. State or Country of Father's Birth Somonauk, Illinois	
MOTHER	8. Full Maiden Name of Mother Celestia Rose			9. State or Country of Mother's Birth Ogden, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Sophia M. Smith</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 28</i> 1959			11. Present Address of Registrant <i>19005-104 Ave. N.E. Bothell Wash.</i>	
	12. Signature of Notary <i>Hazel L. Surlbert</i>			13. Notary Commission expires <i>Sept 28</i> 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Certificate of Baptism		By whom issued and signed Nicholas V. Hughes, Chancellor of Roman Catholic Church		Date issued Dec. 6, 1956
	Date of Birth November 13 1897	Birth Place Mt. Home, Idaho	Full Name of Mother Celestia Rose		Date Orig. Entry Baptized Feb. 23, 1902
SUPPORTING RECORD 2.	Type of Document Application for Social Security Account Number		By whom issued and signed Treasury Department		Date issued
	Date of Birth Nov. 13 1897	Birth Place Mountain Home, Elmore Co., Idaho	Full Name of Mother Celestia Rose		Date Orig. Entry 4-9-51
SUPPORTING RECORD 3.	Type of Document Statement regarding applica- tion for Group Health		By whom issued and signed J.A. Kahl, M.D., Director of Group Health Cooperative of		Date issued April 21, 1959
	Date of Birth November 13 1897	Birth Place --	Full Name of Mother Puget Sound ---		Date Orig. Entry November 28, 1954

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W.W. Benson	Evidence reviewed by Sharon E. Skaggs	Date Filed May 28, 1959

MAY 28 1952

DELAIED CERTIFICATE OF BIRTH

State of Idaho

Form No. 10-1-52

1. Name of child at birth Celestia Rose		2. Date of birth 13 November 1927		3. Place of birth Mountain Home, Idaho		4. State of birth Idaho	
5. Name of mother Celestia Rose		6. Date of birth 13 November 1927		7. Place of birth Mountain Home, Idaho		8. State of birth Idaho	
9. Name of father J.A. Smith, M.D., Director of Health		10. Date of birth 13 November 1927		11. Place of birth Mountain Home, Idaho		12. State of birth Idaho	
13. Name of mother Celestia Rose		14. Date of birth 13 November 1927		15. Place of birth Mountain Home, Idaho		16. State of birth Idaho	
17. Name of father J.A. Smith, M.D., Director of Health		18. Date of birth 13 November 1927		19. Place of birth Mountain Home, Idaho		20. State of birth Idaho	
21. Name of mother Celestia Rose		22. Date of birth 13 November 1927		23. Place of birth Mountain Home, Idaho		24. State of birth Idaho	
25. Name of father J.A. Smith, M.D., Director of Health		26. Date of birth 13 November 1927		27. Place of birth Mountain Home, Idaho		28. State of birth Idaho	
29. Name of mother Celestia Rose		30. Date of birth 13 November 1927		31. Place of birth Mountain Home, Idaho		32. State of birth Idaho	
33. Name of father J.A. Smith, M.D., Director of Health		34. Date of birth 13 November 1927		35. Place of birth Mountain Home, Idaho		36. State of birth Idaho	
37. Name of mother Celestia Rose		38. Date of birth 13 November 1927		39. Place of birth Mountain Home, Idaho		40. State of birth Idaho	
41. Name of father J.A. Smith, M.D., Director of Health		42. Date of birth 13 November 1927		43. Place of birth Mountain Home, Idaho		44. State of birth Idaho	
45. Name of mother Celestia Rose		46. Date of birth 13 November 1927		47. Place of birth Mountain Home, Idaho		48. State of birth Idaho	
49. Name of father J.A. Smith, M.D., Director of Health		50. Date of birth 13 November 1927		51. Place of birth Mountain Home, Idaho		52. State of birth Idaho	
53. Name of mother Celestia Rose		54. Date of birth 13 November 1927		55. Place of birth Mountain Home, Idaho		56. State of birth Idaho	
57. Name of father J.A. Smith, M.D., Director of Health		58. Date of birth 13 November 1927		59. Place of birth Mountain Home, Idaho		60. State of birth Idaho	
61. Name of mother Celestia Rose		62. Date of birth 13 November 1927		63. Place of birth Mountain Home, Idaho		64. State of birth Idaho	
65. Name of father J.A. Smith, M.D., Director of Health		66. Date of birth 13 November 1927		67. Place of birth Mountain Home, Idaho		68. State of birth Idaho	
69. Name of mother Celestia Rose		70. Date of birth 13 November 1927		71. Place of birth Mountain Home, Idaho		72. State of birth Idaho	
73. Name of father J.A. Smith, M.D., Director of Health		74. Date of birth 13 November 1927		75. Place of birth Mountain Home, Idaho		76. State of birth Idaho	
77. Name of mother Celestia Rose		78. Date of birth 13 November 1927		79. Place of birth Mountain Home, Idaho		80. State of birth Idaho	
81. Name of father J.A. Smith, M.D., Director of Health		82. Date of birth 13 November 1927		83. Place of birth Mountain Home, Idaho		84. State of birth Idaho	
85. Name of mother Celestia Rose		86. Date of birth 13 November 1927		87. Place of birth Mountain Home, Idaho		88. State of birth Idaho	
89. Name of father J.A. Smith, M.D., Director of Health		90. Date of birth 13 November 1927		91. Place of birth Mountain Home, Idaho		92. State of birth Idaho	
93. Name of mother Celestia Rose		94. Date of birth 13 November 1927		95. Place of birth Mountain Home, Idaho		96. State of birth Idaho	
97. Name of father J.A. Smith, M.D., Director of Health		98. Date of birth 13 November 1927		99. Place of birth Mountain Home, Idaho		100. State of birth Idaho	



I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child, and I am unable to locate the same in the files of the Department of Health.

Witness my hand and the seal of the Department of Health at Boise, Idaho, this 28th day of May, 1952.

Use only BLACK INK or BLACK Record typewritten matter in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States  
Department of Commerce  
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 59-488  
Local Reg. No.  
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Canyon</u> (b) City <u>Nampa</u> (c) Street address or R. F. D. No. <u>319 1/2 Ave.</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hospital or Maternity Home <input checked="" type="checkbox"/> <u>6</u> years <u>6</u> months <u>0</u> days In THIS County		2. USUAL RESIDENCE of MOTHER (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Nampa</u> (d) Street address or R. F. D. No. <u>-</u> (e) How long has MOTHER lived in Idaho? <u>11</u> yrs. (f) Mother's mailing address (for registration notice): <u>Nampa Idaho</u> (Street or R. F. D.) (Postoffice)	
4. FULL NAME OF CHILD <u>John Ross Dougal</u>		5. DATE OF BIRTH (Month, day, year) <u>Nov 26 - 1897</u>	
6. Sex <u>Male</u> 7. Twin or <input checked="" type="checkbox"/> If so - born Triplet <input checked="" type="checkbox"/> 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Dougal</u>		16. FULL MAIDEN NAME <u>Cynthia Ross</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>36</u> yrs.	
13. Birthplace <u>Reading Valley, Penn.</u> (City or Town) (State or foreign country)		19. Birthplace <u>Frankville, Penna.</u> (City or Town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business <u>Freighting</u>		21. Industry or Business <u>Domestic</u>	
22. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <u>sal ag. test</u>			
23. Name prophylactic used to prevent Ophthalmia Neonatorum <u>sal ag. test</u>			
24. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>0</u>			
25. I HEREBY CERTIFY That I attended the birth of this child, who was <u>alive</u> at <u>-</u> M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Cynthia Dougal</u> who is related to this child as <u>Mother</u> (Mother, etc.)			
27. (a) <u>June 4, 1959</u> (Date received)		(b) <u>W.W. Benson</u> (Registrar's signature)	
28. Given name added on <u>-</u> by <u>-</u> (Registrar's signature)		26. Attendant's OWN signature <u>J.H. Murray M.D.</u> (D.O., Midwife, etc.) and address <u>Nampa Ida.</u> Date <u>Dec 3 1959</u>	



JUN 5 1959

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \*\*\*\*\* any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting Births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

## MEDICAL REPORT

(Not for certified copies)

Report used for Crippled Children, Maternal & Child Health

(a) Pregnancy: Complications of none

(d) Did baby have any:

(1) Congenital Malformation? no

(2) Describe:

(b) Labor: Complications: none

(3) Describe:

(2) Birth Injury? none

(3) Describe:

Induced? no

(c) State all operations for delivery none

(e) Signature of Physician:

1082  
(signature)

(signature)

J. H. Murray M.D.

993-231-041-491

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-497

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Ruth Lola Rice				2. Date (month) (day) (year) July 31 1897			
	3. Color or Race White	4. Sex Female	5. Place of Birth Teton Co.	a. County	b. City or Town of Birth Victor, Idaho			
FATHER	6. Full Name of Father Edwin Rice				7. State or Country of Father's Birth Utah			
MOTHER	8. Full Maiden Name of Mother Sylvia Lovina Drake				9. State or Country of Mother's Birth Utah			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ruth R Jenkins</i>		11. Present Address of Registrant 205 W. 2nd N. St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on June 1 19 59				12. Signature of Notary <i>La Monte Bauer</i>		13. Notary Commission expires <del>Clerk of District Court</del> <i>electoral</i> 19	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document School Record		By whom issued and signed Fremont Co., Idaho		Date issued 3-23-59	Date Orig. Entry Nov. 21, 1906
	Date of Birth age 9	Birth Place ----	Full Name of Mother ----		Name of Father Edwin Rice	
SUPPORTING RECORD 2-	Type of Document Marriage Record		By whom issued and signed Fremont Co., Idaho		Date issued 3-26-59	Date Orig. Entry April 17, 1916
	Date of Birth age 18	Birth Place ----	Full Name of Mother ----		Name of Father ----	
SUPPORTING RECORD 3-	Type of Document Affidavit by neighbor at time of birth, age 79, Louisa Bates		By whom issued and signed		Date issued 5-25-59	Date Orig. Entry
	Date of Birth July 31, 1897	Birth Place Teton Co. Victor, Idaho	Full Name of Mother Sylvia Drake Rice		Name of Father Edwin Rice	
QUALIFYING INFORMATION	own child's birth certificate; Idaho #192371; age 33 as of Feb. 10, 1931; born-Victor, Idaho.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W W Benson</i>		Evidence reviewed by nr Nancy Richards		Date Filed June 9, 1959	

# STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

JUN 9 1959

1. Name of child at birth _____		2. Sex _____	
3. Date of birth _____		4. Place of birth _____	
5. Name of mother _____		6. Name of father _____	
7. Signature of mother _____		8. Signature of father _____	
9. Name of child at birth _____		10. Sex _____	
11. Date of birth _____		12. Place of birth _____	
13. Name of mother _____		14. Name of father _____	
15. Signature of mother _____		16. Signature of father _____	
17. Name of child at birth _____		18. Sex _____	
19. Date of birth _____		20. Place of birth _____	
21. Name of mother _____		22. Name of father _____	
23. Signature of mother _____		24. Signature of father _____	
25. Name of child at birth _____		26. Sex _____	
27. Date of birth _____		28. Place of birth _____	
29. Name of mother _____		30. Name of father _____	
31. Signature of mother _____		32. Signature of father _____	
33. Name of child at birth _____		34. Sex _____	
35. Date of birth _____		36. Place of birth _____	
37. Name of mother _____		38. Name of father _____	
39. Signature of mother _____		40. Signature of father _____	
41. Name of child at birth _____		42. Sex _____	
43. Date of birth _____		44. Place of birth _____	
45. Name of mother _____		46. Name of father _____	
47. Signature of mother _____		48. Signature of father _____	
49. Name of child at birth _____		50. Sex _____	
51. Date of birth _____		52. Place of birth _____	
53. Name of mother _____		54. Name of father _____	
55. Signature of mother _____		56. Signature of father _____	
57. Name of child at birth _____		58. Sex _____	
59. Date of birth _____		60. Place of birth _____	
61. Name of mother _____		62. Name of father _____	
63. Signature of mother _____		64. Signature of father _____	
65. Name of child at birth _____		66. Sex _____	
67. Date of birth _____		68. Place of birth _____	
69. Name of mother _____		70. Name of father _____	
71. Signature of mother _____		72. Signature of father _____	
73. Name of child at birth _____		74. Sex _____	
75. Date of birth _____		76. Place of birth _____	
77. Name of mother _____		78. Name of father _____	
79. Signature of mother _____		80. Signature of father _____	
81. Name of child at birth _____		82. Sex _____	
83. Date of birth _____		84. Place of birth _____	
85. Name of mother _____		86. Name of father _____	
87. Signature of mother _____		88. Signature of father _____	
89. Name of child at birth _____		90. Sex _____	
91. Date of birth _____		92. Place of birth _____	
93. Name of mother _____		94. Name of father _____	
95. Signature of mother _____		96. Signature of father _____	
97. Name of child at birth _____		98. Sex _____	
99. Date of birth _____		100. Place of birth _____	
101. Name of mother _____		102. Name of father _____	
103. Signature of mother _____		104. Signature of father _____	
105. Name of child at birth _____		106. Sex _____	
107. Date of birth _____		108. Place of birth _____	
109. Name of mother _____		110. Name of father _____	
111. Signature of mother _____		112. Signature of father _____	
113. Name of child at birth _____		114. Sex _____	
115. Date of birth _____		116. Place of birth _____	
117. Name of mother _____		118. Name of father _____	
119. Signature of mother _____		120. Signature of father _____	
121. Name of child at birth _____		122. Sex _____	
123. Date of birth _____		124. Place of birth _____	
125. Name of mother _____		126. Name of father _____	
127. Signature of mother _____		128. Signature of father _____	
129. Name of child at birth _____		130. Sex _____	
131. Date of birth _____		132. Place of birth _____	
133. Name of mother _____		134. Name of father _____	
135. Signature of mother _____		136. Signature of father _____	
137. Name of child at birth _____		138. Sex _____	
139. Date of birth _____		140. Place of birth _____	
141. Name of mother _____		142. Name of father _____	
143. Signature of mother _____		144. Signature of father _____	
145. Name of child at birth _____		146. Sex _____	
147. Date of birth _____		148. Place of birth _____	
149. Name of mother _____		150. Name of father _____	
151. Signature of mother _____		152. Signature of father _____	
153. Name of child at birth _____		154. Sex _____	
155. Date of birth _____		156. Place of birth _____	
157. Name of mother _____		158. Name of father _____	
159. Signature of mother _____		160. Signature of father _____	
161. Name of child at birth _____		162. Sex _____	
163. Date of birth _____		164. Place of birth _____	
165. Name of mother _____		166. Name of father _____	
167. Signature of mother _____		168. Signature of father _____	
169. Name of child at birth _____		170. Sex _____	
171. Date of birth _____		172. Place of birth _____	
173. Name of mother _____		174. Name of father _____	
175. Signature of mother _____		176. Signature of father _____	
177. Name of child at birth _____		178. Sex _____	
179. Date of birth _____		180. Place of birth _____	
181. Name of mother _____		182. Name of father _____	
183. Signature of mother _____		184. Signature of father _____	
185. Name of child at birth _____		186. Sex _____	
187. Date of birth _____		188. Place of birth _____	
189. Name of mother _____		190. Name of father _____	
191. Signature of mother _____		192. Signature of father _____	
193. Name of child at birth _____		194. Sex _____	
195. Date of birth _____		196. Place of birth _____	
197. Name of mother _____		198. Name of father _____	
199. Signature of mother _____		200. Signature of father _____	

NOTED BY DEPT. OF HEALTH

769-103-040-513

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-550

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>John Henry Gordon</b>				2. Date (month) (day) (year) Of Birth <b>January 3rd 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Shoshone</b>	b. City or Town of Birth <b>Gordon (nearest town St. Joe, Ida)</b>	
FATHER	6. Full Name of Father <b>Lemuel Price Gordon</b>				7. State or Country of Father's Birth <b>Missouri</b>	
MOTHER	8. Full Maiden Name of Mother <b>Ruby Eve Frances Eaton</b>				9. State or Country of Mother's Birth <b>Kansas</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>John Henry Gordon</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 28, 1959</i>				11. Present Address of Registrant <b>Box #455, Libby, Montana</b>	
					12. Signature of Notary <i>H. W. Benson</i>	
					13. Notary Commission expires <i>Dec. 5, 1959</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Affidavit by father, age 90</b>		By whom issued and signed <b>Lemuel Price Gordon</b>		Date issued <b>3-30-59</b>	Date Orig. Entry
	Date of Birth <b>Jan. 3, 1897</b>	Birth Place <b>Gordon, Idaho (near St. Joe, Ida.)</b>	Full Name of Mother <b>Ruby Eve Frances Eaton Gordon</b>		Name of Father <b>Lemuel Price Gordon</b>	
SUPPORTING RECORD 2.	Type of Document <b>Statement re: Insurance Policy</b>		By whom issued and signed <b>Prudential Ins. Co. of Amer.</b>		Date issued <b>10-14-58</b>	Date Orig. Entry <b>Oct. 14, 1919</b>
	Date of Birth <b>Jan. 3, 1897</b>	Birth Place <b>United States</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	
SUPPORTING RECORD 3.	Type of Document <b>Social Security Record</b>		By whom issued and signed <b>Treasury Dept.</b>		Date issued	Date Orig. Entry <b>Dec. 1, 1936</b>
	Date of Birth <b>Jan. 3, 1897</b>	Birth Place <b>Shoshone Co. Gordon, Idaho</b>	Full Name of Mother <b>Ruby Eve Eaton</b>		Name of Father <b>Lemuel Price Gordon</b>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>nr Nancy Richards</b>
	Date Filed <b>June 25, 1959</b>

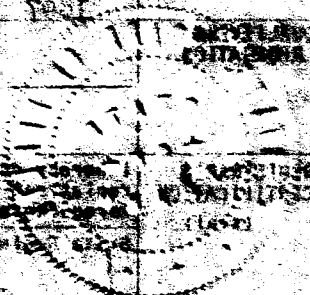
JUN 25 1959

DELAID CERTIFICATE OF BIRTH  
STATE OF ILLINOIS

Date of Birth Place of Birth Name of Mother Name of Father	Date of Birth Place of Birth Name of Mother Name of Father
Date of Birth Place of Birth Name of Mother Name of Father	Date of Birth Place of Birth Name of Mother Name of Father



Date of Birth Place of Birth Name of Mother Name of Father	Date of Birth Place of Birth Name of Mother Name of Father
Date of Birth Place of Birth Name of Mother Name of Father	Date of Birth Place of Birth Name of Mother Name of Father



Date of Birth Place of Birth Name of Mother Name of Father	Date of Birth Place of Birth Name of Mother Name of Father
Date of Birth Place of Birth Name of Mother Name of Father	Date of Birth Place of Birth Name of Mother Name of Father

445-117-003-318 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. D-59-570  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Shuman Munn</u>				2. Date (month) (day) (year) Of Birth <u>Jan</u> <u>17</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Idaho. Bannock</u>	a. County <u>Pocatello Idaho</u>			
FATHER	6. Full Name of Father <u>Joshua Richard Munn</u>				7. State or Country of Father's Birth <u>Idaho. Montpelier</u>		
MOTHER	8. Full Maiden Name of Mother <u>Cathrine Elizabeth Taylor</u>				9. State or Country of Mother's Birth <u>Idaho</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Shuman Munn</u>		11. Present Address of Registrant <u>624 So. Grant</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 18</u> 19 <u>59</u>				12. Signature of Notary <u>B. A. McDevitt</u>		13. Notary Commission expires <u>3/12</u> 19 <u>59</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Employment Record</u>		By whom issued and signed <u>Union Pacific Railroad Co. Pocatello, Idaho</u>	Date issued <u>12-14-55</u>	Date Orig. Entry <u>June 7, 1913</u>
	Date of Birth <u>Jan. 17, 1897</u>	Birth Place <u>Pocatello, Idaho</u>	Full Name of Mother <u>Kattie Munn</u>	Name of Father <u>Josh R. Munn</u>	
SUPPORTING RECORD 2.	Type of Document <u>Honorable Discharge</u>		By whom issued and signed <u>U. S. Army</u>	Date issued <u>12-17-18</u>	Date Orig. Entry <u>Sept. 3, 1918</u>
	Date of Birth <u>21 years</u>	Birth Place <u>Pocatello, Idaho</u>	Full Name of Mother <u>---</u>	Name of Father <u>---</u>	
SUPPORTING RECORD 3.	Type of Document <u>(Carrier Employee Registration) Social Security Record</u>		By whom issued and signed <u>(Government form)</u>	Date issued	Date Orig. Entry <u>Jan. 30, 1937</u>
	Date of Birth <u>Jan. 17, 1897</u>	Birth Place <u>Pocatello, Idaho</u>	Full Name of Mother <u>Cathrine Elizabeth Taylor</u>	Name of Father <u>Joshua Richard Munn</u>	

QUALIFYING  
INFORMATION  
 Photostat of Bible record; original viewed by Notary Public B. A. McDevitt; Pocatello, Idaho, on 3-31-59; Original—old record; born—Jan. 17, 1897.

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by nr <u>Nancy Richards</u>	Date Filed <u>July 6, 1959</u>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

7-10-68 10:44 AM

THE UNIVERSITY OF CHICAGO

JUL 6 1959

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## Discussion

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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**南京大屠杀纪念馆**

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993-118-015-389

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-593

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Lionel A. Richards</b>			2. Date (month) (day) (year) Of Birth <b>February 18, 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Bannock Co.- Now Caribou</b>	b. City or Town of Birth <b>Soda Springs, Idaho</b>		
FATHER	6. Full Name of Father <b>Anson Richards</b>			7. State or Country of Father's Birth <b>Montana, Powell County</b>		
MOTHER	8. Full Maiden Name of Mother <b>Mary Christofferson</b>			9. State or Country of Mother's Birth <b>Montana, Powell County</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lionel A. Richards</i>		11. Present Address of Registrant <b>Soda Springs, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>June 12th 19 59</b>			12. Signature of Notary <i>M.C. Hill</i>		13. Notary Commission expires <b>July 9th 19 60</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Affidavit by person present at birth, age <b>87, Agnes Sterrett</b>		By whom issued and signed	Date Issued <b>5-20-59</b>	Date Orig. Entry
	Date of Birth <b>Feb. 18, 1897</b>	Birth Place <b>Soda Springs, Idaho</b>	Full Name of Mother <b>Mary Richards</b>	Name of Father <b>Anson Richards</b>	
SUPPORTING RECORD 2-	Type of Document <b>Employment Record</b>		By whom issued and signed <b>L. E. Traeger, Supt. Anacorda Co., Conda, Idaho</b>	Date issued <b>5-27-59</b>	Date Orig. Entry <b>Dec. 11, 1924</b>
	Date of Birth <b>Feb. 18, 1897</b>	Birth Place -----	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 3-	Type of Document <b>Honorable Discharge</b>		By whom issued and signed <b>U. S. Army</b>	Date issued <b>10-14-18</b>	Date Orig. Entry <b>May 7, 1917</b>
	Date of Birth <b>Feb. 18, 1897</b>	Birth Place <b>Soda Springs Idaho</b>	Full Name of Mother -----	Name of Father -----	
enlisted age- <b>20 3/12</b>					
QUALIFYING INFORMATION	Own child's birth certificate, Idaho #340077: age 25 as of Aug. 12, 1922; born- <b>Soda Springs, Idaho.</b>				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>Nancy Richards</b>	Date Filed <b>July 17, 1959</b>	



7 JUL 1956

STATE OF TEXAS  
DEPARTMENT OF PUBLIC SAFETY

1956-1957

1. Name of Person: **James A. Nichols**  
2. Date of Birth: **February 23, 1921**  
3. Place of Birth: **St. Louis, Missouri**  
4. State of Birth: **Missouri**  
5. State of Residence: **Missouri**  
6. Present Address of Person: **St. Louis, Missouri**  
7. Name of Person: **James A. Nichols**  
8. Date of Birth: **February 23, 1921**  
9. Place of Birth: **St. Louis, Missouri**  
10. State of Birth: **Missouri**  
11. State of Residence: **Missouri**  
12. Present Address of Person: **St. Louis, Missouri**

13. Name of Person: **James A. Nichols**  
14. Date of Birth: **February 23, 1921**  
15. Place of Birth: **St. Louis, Missouri**  
16. State of Birth: **Missouri**  
17. State of Residence: **Missouri**  
18. Present Address of Person: **St. Louis, Missouri**  
19. Name of Person: **James A. Nichols**  
20. Date of Birth: **February 23, 1921**  
21. Place of Birth: **St. Louis, Missouri**  
22. State of Birth: **Missouri**  
23. State of Residence: **Missouri**  
24. Present Address of Person: **St. Louis, Missouri**

25. Name of Person: **James A. Nichols**  
26. Date of Birth: **February 23, 1921**  
27. Place of Birth: **St. Louis, Missouri**  
28. State of Birth: **Missouri**  
29. State of Residence: **Missouri**  
30. Present Address of Person: **St. Louis, Missouri**  
31. Name of Person: **James A. Nichols**  
32. Date of Birth: **February 23, 1921**  
33. Place of Birth: **St. Louis, Missouri**  
34. State of Birth: **Missouri**  
35. State of Residence: **Missouri**  
36. Present Address of Person: **St. Louis, Missouri**

37. Name of Person: **James A. Nichols**  
38. Date of Birth: **February 23, 1921**  
39. Place of Birth: **St. Louis, Missouri**  
40. State of Birth: **Missouri**  
41. State of Residence: **Missouri**  
42. Present Address of Person: **St. Louis, Missouri**  
43. Name of Person: **James A. Nichols**  
44. Date of Birth: **February 23, 1921**  
45. Place of Birth: **St. Louis, Missouri**  
46. State of Birth: **Missouri**  
47. State of Residence: **Missouri**  
48. Present Address of Person: **St. Louis, Missouri**

49. Name of Person: **James A. Nichols**  
50. Date of Birth: **February 23, 1921**  
51. Place of Birth: **St. Louis, Missouri**  
52. State of Birth: **Missouri**  
53. State of Residence: **Missouri**  
54. Present Address of Person: **St. Louis, Missouri**  
55. Name of Person: **James A. Nichols**  
56. Date of Birth: **February 23, 1921**  
57. Place of Birth: **St. Louis, Missouri**  
58. State of Birth: **Missouri**  
59. State of Residence: **Missouri**  
60. Present Address of Person: **St. Louis, Missouri**

61. Name of Person: **James A. Nichols**  
62. Date of Birth: **February 23, 1921**  
63. Place of Birth: **St. Louis, Missouri**  
64. State of Birth: **Missouri**  
65. State of Residence: **Missouri**  
66. Present Address of Person: **St. Louis, Missouri**  
67. Name of Person: **James A. Nichols**  
68. Date of Birth: **February 23, 1921**  
69. Place of Birth: **St. Louis, Missouri**  
70. State of Birth: **Missouri**  
71. State of Residence: **Missouri**  
72. Present Address of Person: **St. Louis, Missouri**

73. Name of Person: **James A. Nichols**  
74. Date of Birth: **February 23, 1921**  
75. Place of Birth: **St. Louis, Missouri**  
76. State of Birth: **Missouri**  
77. State of Residence: **Missouri**  
78. Present Address of Person: **St. Louis, Missouri**  
79. Name of Person: **James A. Nichols**  
80. Date of Birth: **February 23, 1921**  
81. Place of Birth: **St. Louis, Missouri**  
82. State of Birth: **Missouri**  
83. State of Residence: **Missouri**  
84. Present Address of Person: **St. Louis, Missouri**

85. Name of Person: **James A. Nichols**  
86. Date of Birth: **February 23, 1921**  
87. Place of Birth: **St. Louis, Missouri**  
88. State of Birth: **Missouri**  
89. State of Residence: **Missouri**  
90. Present Address of Person: **St. Louis, Missouri**  
91. Name of Person: **James A. Nichols**  
92. Date of Birth: **February 23, 1921**  
93. Place of Birth: **St. Louis, Missouri**  
94. State of Birth: **Missouri**  
95. State of Residence: **Missouri**  
96. Present Address of Person: **St. Louis, Missouri**

97. Name of Person: **James A. Nichols**  
98. Date of Birth: **February 23, 1921**  
99. Place of Birth: **St. Louis, Missouri**  
100. State of Birth: **Missouri**  
101. State of Residence: **Missouri**  
102. Present Address of Person: **St. Louis, Missouri**  
103. Name of Person: **James A. Nichols**  
104. Date of Birth: **February 23, 1921**  
105. Place of Birth: **St. Louis, Missouri**  
106. State of Birth: **Missouri**  
107. State of Residence: **Missouri**  
108. Present Address of Person: **St. Louis, Missouri**

764-210-036 - 366 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. De59-637  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Lenore Lowe Poulter</i>				2. Date (month) (day) (year) Of Birth <i>August 10-1977</i>	
	3. Color or Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth a. County <i>Oneida</i>		b. City or Town of Birth <i>Franklin Idaho</i>	
FATHER	6. Full Name of Father <i>Thomas James Poulter</i>				7. State or Country of Father's Birth <i>Sandy Utah</i>	
MOTHER	8. Full Maiden Name of Mother <i>Louise Elizabeth Lowe</i>				9. State or Country of Mother's Birth <i>Franklin Idaho</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant (Mrs. Nauchley) <i>Lenore Lowe Poulter</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 9<sup>th</sup> 1959</i>				11. Present Address of Registrant <i>1336 - 31<sup>st</sup> Ogden St.</i>	
	12. Signature of Notary <i>Leta H. Weacott</i>				13. Notary Commission expires <i>June 30 1963</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Affidavit by mother		By whom issued and signed Louise Elizabeth Lowe Poulter		Date issued 2-13-57
	Date of Birth Aug. 10, 1897	Birth Place Oneida Co. Franklin, Idaho	Full Name of Mother (born-Idaho) Louise Elizabeth Lowe Poulter		Name of Father (born-Utah) Thomas James Poulter
SUPPORTING RECORD 2.	Type of Document Statement re: Baptismal Record		By whom issued and signed President, Logan Temple, LDS Church, Logan, Utah		Date issued 10-27-56
	Date of Birth Aug. 10, 1897	Birth Place Oneida Co. Franklin, Idaho	Full Name of Mother Louisa Lowe		Name of Father Thomas James Poulter
SUPPORTING RECORD 3.	Type of Document School Record		By whom issued and signed LDS Department of Education (formerly B.Y. College) Salt Lake City.		Date issued 7-21-59
	Date of Birth 1897	Birth Place Oneida Co. Franklin, Idaho	Full Name of Mother -----		Name of Father -----

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by nr Nancy Richards	Date Filed Aug. 5, 1959

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.  
 Form DPH 49067 1 copy pd.

**AUG 5**

2- PART 2 - 1944  
7017.011-1944

1950

SECRET

00114 0200

2001, 7, 20

6/20/68

10-10-1964

399-211-003-255

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-645

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Lillie Orissa Criddle</i>				2. Date (month) (day) (year) Of Birth <i>Nov 11 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Downey, Bannock</i>	a. County <i>Downey</i>			
FATHER	6. Full Name of Father <i>John Criddle</i>				7. State or Country of Father's Birth <i>Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Sarah Ellen Bennett</i>				9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Orissa Salvesen</i>		11. Present Address of Registrant <i>Downey Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 20th 1959</i>				12. Signature of Notary <i>Sam Johnson</i>		13. Notary Commission expires <i>5-10 1962</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Church Record--Baptism</i>		By whom issued and signed <i>LDS Church</i>		Date issued <i>7-9-59</i>	Date Orig. Entry <i>June 24, 1906</i>
	Date of Birth <i>Nov. 11, 1897</i>	Birth Place <i>Downey, Idaho</i>	Full Name of Mother <i>Sarah E. Bennett</i>		Name of Father <i>John Criddle</i>	
SUPPORTING RECORD 2-	Type of Document <i>Insurance Application</i>		By whom issued and signed <i>Idaho Mutual Benefit Assoc.</i>		Date issued	Date Orig. Entry <i>March 16, 1938</i>
	Date of Birth <i>Nov. 11, 1897</i>	Birth Place <i>Downey, Idaho</i>	Full Name of Mother <i>---</i>		Name of Father <i>---</i>	
SUPPORTING RECORD 3-	Type of Document <i>own child's birth certificate</i>		By whom issued and signed <i>Idaho #190178</i>		Date issued	Date Orig. Entry <i>child born April 7, 1931</i>
	Date of Birth <i>age 33</i>	Birth Place <i>Downey, Idaho</i>	Full Name of Mother <i>---</i>		Name of Father <i>---</i>	

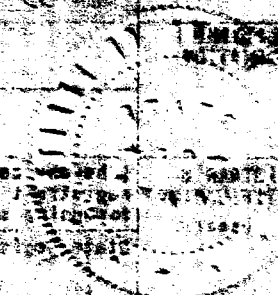
QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by <i>Nancy Richards</i>	Date Filed <i>Aug. 7, 1959</i>

AUG 7 1960

DELAWARE CERTIFICATE OF BIRTH  
STATE OF DELAWARE

1. Name of child at birth [Illegible]		2. Date of birth [Illegible]	
3. Place of birth [Illegible]		4. City or town of birth [Illegible]	
5. State or County of father's birth [Illegible]		6. State of County of mother's birth [Illegible]	
7. Address of Registrar [Illegible]		8. Address of child's residence [Illegible]	
9. Name of father [Illegible]		10. Name of mother [Illegible]	
11. Date of father's death [Illegible]		12. Date of mother's death [Illegible]	
13. Name of child's father [Illegible]		14. Name of child's mother [Illegible]	
15. Date of father's birth [Illegible]		16. Date of mother's birth [Illegible]	
17. Name of father's father [Illegible]		18. Name of mother's father [Illegible]	
19. Name of father's mother [Illegible]		20. Name of mother's mother [Illegible]	
21. Date of father's birth [Illegible]		22. Date of mother's birth [Illegible]	
23. Name of father's father [Illegible]		24. Name of mother's father [Illegible]	
25. Name of father's mother [Illegible]		26. Name of mother's mother [Illegible]	
27. Date of father's birth [Illegible]		28. Date of mother's birth [Illegible]	
29. Name of father's father [Illegible]		30. Name of mother's father [Illegible]	
31. Name of father's mother [Illegible]		32. Name of mother's mother [Illegible]	
33. Date of father's birth [Illegible]		34. Date of mother's birth [Illegible]	
35. Name of father's father [Illegible]		36. Name of mother's father [Illegible]	
37. Name of father's mother [Illegible]		38. Name of mother's mother [Illegible]	
39. Date of father's birth [Illegible]		40. Date of mother's birth [Illegible]	
41. Name of father's father [Illegible]		42. Name of mother's father [Illegible]	
43. Name of father's mother [Illegible]		44. Name of mother's mother [Illegible]	
45. Date of father's birth [Illegible]		46. Date of mother's birth [Illegible]	
47. Name of father's father [Illegible]		48. Name of mother's father [Illegible]	
49. Name of father's mother [Illegible]		50. Name of mother's mother [Illegible]	
51. Date of father's birth [Illegible]		52. Date of mother's birth [Illegible]	
53. Name of father's father [Illegible]		54. Name of mother's father [Illegible]	
55. Name of father's mother [Illegible]		56. Name of mother's mother [Illegible]	
57. Date of father's birth [Illegible]		58. Date of mother's birth [Illegible]	
59. Name of father's father [Illegible]		60. Name of mother's father [Illegible]	
61. Name of father's mother [Illegible]		62. Name of mother's mother [Illegible]	
63. Date of father's birth [Illegible]		64. Date of mother's birth [Illegible]	
65. Name of father's father [Illegible]		66. Name of mother's father [Illegible]	
67. Name of father's mother [Illegible]		68. Name of mother's mother [Illegible]	
69. Date of father's birth [Illegible]		70. Date of mother's birth [Illegible]	
71. Name of father's father [Illegible]		72. Name of mother's father [Illegible]	
73. Name of father's mother [Illegible]		74. Name of mother's mother [Illegible]	
75. Date of father's birth [Illegible]		76. Date of mother's birth [Illegible]	
77. Name of father's father [Illegible]		78. Name of mother's father [Illegible]	
79. Name of father's mother [Illegible]		80. Name of mother's mother [Illegible]	
81. Date of father's birth [Illegible]		82. Date of mother's birth [Illegible]	
83. Name of father's father [Illegible]		84. Name of mother's father [Illegible]	
85. Name of father's mother [Illegible]		86. Name of mother's mother [Illegible]	
87. Date of father's birth [Illegible]		88. Date of mother's birth [Illegible]	
89. Name of father's father [Illegible]		90. Name of mother's father [Illegible]	
91. Name of father's mother [Illegible]		92. Name of mother's mother [Illegible]	
93. Date of father's birth [Illegible]		94. Date of mother's birth [Illegible]	
95. Name of father's father [Illegible]		96. Name of mother's father [Illegible]	
97. Name of father's mother [Illegible]		98. Name of mother's mother [Illegible]	
99. Date of father's birth [Illegible]		100. Date of mother's birth [Illegible]	



313-225-015-893

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-692

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Letitia</i> Viola Letitia Catron			2. Date of Birth May 25, 1897		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bonneville Co.		b. City or Town of Birth Wayan, Idaho, Town of Grays Lake	
FATHER	6. Full Name of Father Peter Hopus Catron			7. State or Country of Father's Birth Taswell County, Virginia		
MOTHER	8. Full Maiden Name of Mother Malinda Catherine Hill			9. State or Country of Mother's Birth Mendon, Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Viola Letitia Sessions</i>		11. Present Address of Registrant 1320 Covina Ave. Medford, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on May 1, 1959			12. Signature of Notary <i>Ethel Mc Intyre</i>		13. Notary Commission expires MAY COMMISSION EXPIRES MARCH 5th, 1960 19

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Church Record		By whom issued and signed Blackfoot Stake, Shelley 1st Ward, IDS Church		Date Issued 8-5-59	Date Orig. Entry Jan. 3, 1915
	Date of Birth May 25, 1897	Birth Place Grays Lake, Idaho	Full Name of Mother Malinda Catherine Hill		Name of Father Peter Hopus Catron	
SUPPORTING RECORD 2- (age 3)	Type of Document Federal Census Record		By whom issued and signed U. S. Bureau of the Census		Date Issued 6-11-59	Date Orig. Entry June 1, 1900
	Date of Birth May 1897	Birth Place Idaho	Full Name of Mother Malinda Catron		Name of Father Peter H. Catron	
SUPPORTING RECORD 3-	Type of Document Hospital Record		By whom issued and signed St. Mary's Hospital Walla Walla, Wash.		Date Issued 7-31-59	Date Orig. Entry Oct. 25, 1951
	Date of Birth May 25, 1897	Birth Place Idaho	Full Name of Mother Milenda Hill		Name of Father Peter Catron	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

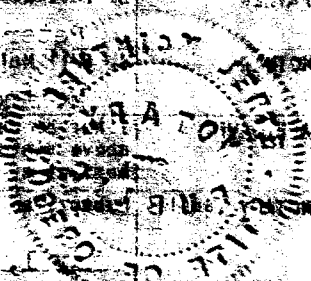
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by Nancy Richards	Date Filed Aug. 19, 1959

DECLASSIFIED BY 60322 UCBAW/STP

AUG 19 1956

DECLASSIFIED BY 60322 UCBAW/STP

1. Name of Person or Entity	2. Address	3. City	4. State	5. Zip
6. Date of Birth	7. Place of Birth	8. Country of Birth	9. Date of Death	10. Place of Death
11. Date of Marriage	12. Place of Marriage	13. Country of Marriage	14. Date of Divorce	15. Place of Divorce
16. Date of Naturalization	17. Place of Naturalization	18. Country of Naturalization	19. Date of Denaturalization	20. Place of Denaturalization
21. Date of Citizenship	22. Place of Citizenship	23. Country of Citizenship	24. Date of Loss of Citizenship	25. Place of Loss of Citizenship



26. Date of Birth	27. Place of Birth	28. Country of Birth	29. Date of Death	30. Place of Death
31. Date of Marriage	32. Place of Marriage	33. Country of Marriage	34. Date of Divorce	35. Place of Divorce
36. Date of Naturalization	37. Place of Naturalization	38. Country of Naturalization	39. Date of Denaturalization	40. Place of Denaturalization
41. Date of Citizenship	42. Place of Citizenship	43. Country of Citizenship	44. Date of Loss of Citizenship	45. Place of Loss of Citizenship



46. Date of Birth	47. Place of Birth	48. Country of Birth	49. Date of Death	50. Place of Death
51. Date of Marriage	52. Place of Marriage	53. Country of Marriage	54. Date of Divorce	55. Place of Divorce
56. Date of Naturalization	57. Place of Naturalization	58. Country of Naturalization	59. Date of Denaturalization	60. Place of Denaturalization
61. Date of Citizenship	62. Place of Citizenship	63. Country of Citizenship	64. Date of Loss of Citizenship	65. Place of Loss of Citizenship

854-222-004-623

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-698

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Mary Jane Hemmert</b>			2. Date (month) (day) (year) <b>May 22 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Bear Lake Co.</b>	b. City or Town of Birth <b>St. Charles, Idaho</b>	
FATHER	6. Full Name of Father <b>William Hyrum Hemmert</b>			7. State or Country of Father's Birth <b>Denmark</b>	
MOTHER	8. Full Maiden Name of Mother <b>Anna Charlotte Osterlin</b>			9. State or Country of Mother's Birth <b>Sweden</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mary Jane Brewster</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 5<sup>th</sup></i> 1959			11. Present Address of Registrant <b>St. Charles, Idaho</b>	
	12. Signature of Notary <i>R. Hugh Shepherd</i>			13. Notary Commission expires <i>Oct 10</i> 1962	
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>					
SUPPORTING RECORD 1.	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Idaho Mutual Benefit Assoc.</b>		Date issued <b>3-20-45</b>
	Date of Birth <b>May 22 1897</b>	Birth Place <b>St. Charles, Idaho</b>	Full Name of Mother <b>---</b>		Date Orig. Entry <b>March 15, 1945</b>
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by cousin, age 73</b>		By whom issued and signed <b>Mina Pugmire</b>		Date issued <b>5-5-59</b>
	Date of Birth <b>May 22 1897</b>	Birth Place <b>St. Charles, Idaho</b>	Full Name of Mother <b>Anna Osterlin Hemmert</b>		Date Orig. Entry <b>William Hyrum Hemmert</b>
SUPPORTING RECORD 3.	Type of Document <b>Church Record--Baptism</b>		By whom issued and signed <b>IDS Church Salt Lake City, Utah</b>		Date issued <b>8-11-59</b>
	Date of Birth <b>May 22 1897</b>	Birth Place <b>St. Charles, Idaho</b>	Full Name of Mother <b>Anna Osterlin</b>		Date Orig. Entry <b>July 23, 1905</b>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. Benson</i>		Evidence reviewed by <b>nr Nancy Richards</b>		Date Filed <b>Aug. 24, 1959</b>





962-208-015-339

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-704

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Jessie Elizabeth Rosenberg				2. Date (month) (day) (year) Of Birth April 8 1897			
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Soda Springs Caribou Co.		b. City or Town of Birth Soda Springs, Idaho			
FATHER	6. Full Name of Father James Petre Rosenberg				7. State or Country of Father's Birth New York State			
MOTHER	8. Full Maiden Name of Mother Anna Elizabeth Clifford				9. State or Country of Mother's Birth England			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Jessie E. Birkhead		11. Present Address of Registrant 590 Hargrave Street Inglewood, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on June 18 1957				12. Signature of Notary Margaret M. Clifford		13. Notary Commission expires October 21 1957	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Affidavit by aunt, age 79		By whom issued and signed Margaret M. Clifford		Date issued 6-18-57	Date Orig. Entry
	Date of Birth April 8, 1897	Birth Place Soda Springs, Ida.	Full Name of Mother Anna Elizabeth Clifford		Name of Father James Petre Rosenberg	
SUPPORTING RECORD 2-	Type of Document Social Security Record		By whom issued and signed Treasury Dept.		Date issued	Date Orig. Entry Jan. 15, 1945
	Date of Birth April 8, 1897	Birth Place Soda Springs, Ida.	Full Name of Mother Anna Clifford		Name of Father James Petre Rosenberg	
SUPPORTING RECORD 3-	Type of Document Marriage Record		By whom issued and signed Lincoln County, Wyoming		Date issued 1-16-58	Date Orig. Entry June 19, 1920
	Date of Birth age 23	Birth Place	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Nancy Richards		Date Filed Aug. 25, 1959	

DEPT. OF CERTIFICATE OF BIRTH  
STATE OF IOWA

AUG 25 1930

1. Name of child	2. Sex	3. Date of birth	4. Place of birth
5. Name of mother	6. Name of father	7. Name of mother's maiden name	8. Name of father's maiden name
9. Name of mother's father	10. Name of mother's mother	11. Name of father's father	12. Name of father's mother
13. Name of mother's grandfather	14. Name of mother's grandmother	15. Name of father's grandfather	16. Name of father's grandmother
17. Name of mother's great-grandfather	18. Name of mother's great-grandmother	19. Name of father's great-grandfather	20. Name of father's great-grandmother



21. Name of mother's father	22. Name of mother's mother	23. Name of father's father	24. Name of father's mother
25. Name of mother's grandfather	26. Name of mother's grandmother	27. Name of father's grandfather	28. Name of father's grandmother
29. Name of mother's great-grandfather	30. Name of mother's great-grandmother	31. Name of father's great-grandfather	32. Name of father's great-grandmother
33. Name of mother's father	34. Name of mother's mother	35. Name of father's father	36. Name of father's mother
37. Name of mother's grandfather	38. Name of mother's grandmother	39. Name of father's grandfather	40. Name of father's grandmother
41. Name of mother's great-grandfather	42. Name of mother's great-grandmother	43. Name of father's great-grandfather	44. Name of father's great-grandmother



45. Name of mother's father	46. Name of mother's mother	47. Name of father's father	48. Name of father's mother
49. Name of mother's grandfather	50. Name of mother's grandmother	51. Name of father's grandfather	52. Name of father's grandmother
53. Name of mother's great-grandfather	54. Name of mother's great-grandmother	55. Name of father's great-grandfather	56. Name of father's great-grandmother
57. Name of mother's father	58. Name of mother's mother	59. Name of father's father	60. Name of father's mother
61. Name of mother's grandfather	62. Name of mother's grandmother	63. Name of father's grandfather	64. Name of father's grandmother
65. Name of mother's great-grandfather	66. Name of mother's great-grandmother	67. Name of father's great-grandfather	68. Name of father's great-grandmother

245-108-004-295

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 59-717

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Kenneth Joseph Bunderson				2. Date (month) (day) (year) Birth July 8, 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth Bear Lake	a. County	b. City or Town of Birth Saint Charles		
FATHER	6. Full Name of Father Joseph Bunderson				7. State or Country of Father's Birth Saint Charles, Idaho		
MOTHER	8. Full Maiden Name of Mother Alice Williams Brewer				9. State or Country of Mother's Birth Saint Charles, Idaho		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Kenneth Joseph Bunderson</i>		11. Present Address of Registrant 6318 Hillman Street Oakland 5, Calif
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 28 1959</i>				12. Signature of Notary <i>Charles A. Fegge</i>		13. Notary Commission expires <i>5-15 1963</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by Mother, Age 82		By whom issued and signed Alice W. Bunderson		Date issued Aug. 28, 1959	Date Orig. Entry
	Date of Birth 7-8-97	Birth Place Saint Charles, Bear Lake Co., Ida.	Full Name of Mother Alice W. Brewer		Name of Father Joseph Bunderson	
SUPPORTING RECORD 2.	Type of Document Certificate of Ordination		By whom issued and signed L.D.S. Church, by John A. Blade, Clerk		Date issued	Date Orig. Entry Ordained Jan. 6, 1913
	Date of Birth July 8, 1897	Birth Place St. Charles, Bear Lake Co., Ida.	Full Name of Mother Alice Brewer		Name of Father Joseph Bunderson	
SUPPORTING RECORD 3.	Type of Document Honorable Discharge from the United States Army		By whom issued and signed U.S. Army		Date issued Dec. 16, 1918	Date Orig. Entry Enlisted Oct. 14, 1918
	Date of Birth Age 21	Birth Place St. Charles, Idaho	Full Name of Mother --		Name of Father --	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W.W. Benson

Evidence reviewed by  
ses

Sharon E. Skaggs

Date Filed

August 28, 1959

1970-71 1971-72 1972-73

1. Name of Person	2. Date of Birth	3. Place of Birth	4. State or County of Birth	5. State or County of Residence	6. Name of Employer	7. Date of Entry	8. Date of Departure	9. Name of Ship	10. Name of Agent	11. Name of Officer	12. Name of Surgeon	13. Name of Steward	14. Name of Cook	15. Name of Cabin Boy	16. Name of Stewardess	17. Name of Passenger	18. Name of Crew	19. Name of Officer	20. Name of Surgeon	21. Name of Steward	22. Name of Cook	23. Name of Cabin Boy	24. Name of Stewardess	25. Name of Passenger	26. Name of Crew	27. Name of Officer	28. Name of Surgeon	29. Name of Steward	30. Name of Cook	31. Name of Cabin Boy	32. Name of Stewardess	33. Name of Passenger	34. Name of Crew	35. Name of Officer	36. Name of Surgeon	37. Name of Steward	38. Name of Cook	39. Name of Cabin Boy	40. Name of Stewardess	41. Name of Passenger	42. Name of Crew	43. Name of Officer	44. Name of Surgeon	45. Name of Steward	46. Name of Cook	47. Name of Cabin Boy	48. Name of Stewardess	49. Name of Passenger	50. Name of Crew	51. Name of Officer	52. Name of Surgeon	53. Name of Steward	54. Name of Cook	55. Name of Cabin Boy	56. Name of Stewardess	57. Name of Passenger	58. Name of Crew	59. Name of Officer	60. Name of Surgeon	61. Name of Steward	62. Name of Cook	63. Name of Cabin Boy	64. Name of Stewardess	65. Name of Passenger	66. Name of Crew	67. Name of Officer	68. Name of Surgeon	69. Name of Steward	70. Name of Cook	71. Name of Cabin Boy	72. Name of Stewardess	73. Name of Passenger	74. Name of Crew	75. Name of Officer	76. Name of Surgeon	77. Name of Steward	78. Name of Cook	79. Name of Cabin Boy	80. Name of Stewardess	81. Name of Passenger	82. Name of Crew	83. Name of Officer	84. Name of Surgeon	85. Name of Steward	86. Name of Cook	87. Name of Cabin Boy	88. Name of Stewardess	89. Name of Passenger	90. Name of Crew	91. Name of Officer	92. Name of Surgeon	93. Name of Steward	94. Name of Cook	95. Name of Cabin Boy	96. Name of Stewardess	97. Name of Passenger	98. Name of Crew	99. Name of Officer	100. Name of Surgeon	101. Name of Steward	102. Name of Cook	103. Name of Cabin Boy	104. Name of Stewardess	105. Name of Passenger	106. Name of Crew	107. Name of Officer	108. Name of Surgeon	109. Name of Steward	110. Name of Cook	111. Name of Cabin Boy	112. Name of Stewardess	113. Name of Passenger	114. Name of Crew	115. Name of Officer	116. Name of Surgeon	117. Name of Steward	118. Name of Cook	119. Name of Cabin Boy	120. Name of Stewardess	121. Name of Passenger	122. Name of Crew	123. Name of Officer	124. Name of Surgeon	125. Name of Steward	126. Name of Cook	127. Name of Cabin Boy	128. Name of Stewardess	129. Name of Passenger	130. Name of Crew	131. Name of Officer	132. Name of Surgeon	133. Name of Steward	134. Name of Cook	135. Name of Cabin Boy	136. Name of Stewardess	137. Name of Passenger	138. Name of Crew	139. Name of Officer	140. Name of Surgeon	141. Name of Steward	142. Name of Cook	143. Name of Cabin Boy	144. Name of Stewardess	145. Name of Passenger	146. Name of Crew	147. Name of Officer	148. Name of Surgeon	149. Name of Steward	150. Name of Cook	151. Name of Cabin Boy	152. Name of Stewardess	153. Name of Passenger	154. Name of Crew	155. Name of Officer	156. Name of Surgeon	157. Name of Steward	158. Name of Cook	159. Name of Cabin Boy	160. Name of Stewardess	161. Name of Passenger	162. Name of Crew	163. Name of Officer	164. Name of Surgeon	165. Name of Steward	166. Name of Cook	167. Name of Cabin Boy	168. Name of Stewardess	169. Name of Passenger	170. Name of Crew	171. Name of Officer	172. Name of Surgeon	173. Name of Steward	174. Name of Cook	175. Name of Cabin Boy	176. Name of Stewardess	177. Name of Passenger	178. Name of Crew	179. Name of Officer	180. Name of Surgeon	181. Name of Steward	182. Name of Cook	183. Name of Cabin Boy	184. Name of Stewardess	185. Name of Passenger	186. Name of Crew	187. Name of Officer	188. Name of Surgeon	189. Name of Steward	190. Name of Cook	191. Name of Cabin Boy	192. Name of Stewardess	193. Name of Passenger	194. Name of Crew	195. Name of Officer	196. Name of Surgeon	197. Name of Steward	198. Name of Cook	199. Name of Cabin Boy	200. Name of Stewardess	201. Name of Passenger	202. Name of Crew	203. Name of Officer	204. Name of Surgeon	205. Name of Steward	206. Name of Cook	207. Name of Cabin Boy	208. Name of Stewardess	209. Name of Passenger	210. Name of Crew	211. Name of Officer	212. Name of Surgeon	213. Name of Steward	214. Name of Cook	215. Name of Cabin Boy	216. Name of Stewardess	217. Name of Passenger	218. Name of Crew	219. Name of Officer	220. Name of Surgeon	221. Name of Steward	222. Name of Cook	223. Name of Cabin Boy	224. Name of Stewardess	225. Name of Passenger	226. Name of Crew	227. Name of Officer	228. Name of Surgeon	229. Name of Steward	230. Name of Cook	231. Name of Cabin Boy	232. Name of Stewardess	233. Name of Passenger	234. Name of Crew	235. Name of Officer	236. Name of Surgeon	237. Name of Steward	238. Name of Cook	239. Name of Cabin Boy	240. Name of Stewardess	241. Name of Passenger	242. Name of Crew	243. Name of Officer	244. Name of Surgeon	245. Name of Steward	246. Name of Cook	247. Name of Cabin Boy	248. Name of Stewardess	249. Name of Passenger	250. Name of Crew	251. Name of Officer	252. Name of Surgeon	253. Name of Steward	254. Name of Cook	255. Name of Cabin Boy	256. Name of Stewardess	257. Name of Passenger	258. Name of Crew	259. Name of Officer	260. Name of Surgeon	261. Name of Steward	262. Name of Cook	263. Name of Cabin Boy	264. Name of Stewardess	265. Name of Passenger	266. Name of Crew	267. Name of Officer	268. Name of Surgeon	269. Name of Steward	270. Name of Cook	271. Name of Cabin Boy	272. Name of Stewardess	273. Name of Passenger	274. Name of Crew	275. Name of Officer	276. Name of Surgeon	277. Name of Steward	278. Name of Cook	279. Name of Cabin Boy	280. Name of Stewardess	281. Name of Passenger	282. Name of Crew	283. Name of Officer	284. Name of Surgeon	285. Name of Steward	286. Name of Cook	287. Name of Cabin Boy	288. Name of Stewardess	289. Name of Passenger	290. Name of Crew	291. Name of Officer	292. Name of Surgeon	293. Name of Steward	294. Name of Cook	295. Name of Cabin Boy	296. Name of Stewardess	297. Name of Passenger	298. Name of Crew	299. Name of Officer	300. Name of Surgeon	301. Name of Steward	302. Name of Cook	303. Name of Cabin Boy	304. Name of Stewardess	305. Name of Passenger	306. Name of Crew	307. Name of Officer	308. Name of Surgeon
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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-776

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Tressa Elizabeth Whitehead			2. Date (month) (day) (year) Of Birth April 22 1897		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County (Oneida) Franklin	b. City or Town of Birth Franklin Idaho		
FATHER	6. Full Name of Father Abram Lorenzo Whitehead			7. State or Country of Father's Birth (Oneida) Franklin, Idaho		
MOTHER	8. Full Maiden Name of Mother Elizabeth Maria Chatterton			9. State or Country of Mother's Birth Franklin, Idaho		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Tressa Elizabeth Whitehead</i>		11. Present Address of Registrant <i>Franklin Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Sept 7</i> 19 <i>59</i>			12. Signature of Notary <i>D. H. H. H.</i>		13. Notary Commission expires <i>Dec 3rd</i> 19 <i>60</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Church Record--Blessing		By whom issued and signed Franklin Ward, Franklin Stake LDS Church		Date issued 9-10-59
	Date of Birth April 22, 1897	Birth Place Oneida Co. Franklin, Idaho	Full Name of Mother Elizabeth Chatterton		Date Orig. Entry Sept. 5, 1897
SUPPORTING RECORD 2.	Type of Document Insurance Application		By whom issued and signed Idaho Mutual Benefit Assoc.		Date issued June 25, 1934
	Date of Birth April 22, 1897	Birth Place Franklin, Idaho	Full Name of Mother -----		Name of Father -----
SUPPORTING RECORD 3.	Type of Document Medical Claim Form		By whom issued and signed New York Life Ins. Co.		Date issued July 8, 1954
	Date of Birth April 22, 1897	Birth Place -----	Full Name of Mother -----		Name of Father -----

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Nancy Richards	Date Filed Sept. 21, 1959

# STATE OF IOWA DELAYED CERTIFICATE OF BIRTH

SEP 21 1964

State File No. 503-108

Date of Birth 1921		Date of Death 1921	
Place of Birth Franklin, Idaho		Place of Death Franklin, Idaho	
Name of Father [illegible]		Name of Mother [illegible]	
Name of Child [illegible]		Name of Child [illegible]	
Date of Birth 1921		Date of Birth 1921	
Place of Birth Franklin, Idaho		Place of Birth Franklin, Idaho	
Name of Father [illegible]		Name of Mother [illegible]	
Name of Child [illegible]		Name of Child [illegible]	
Date of Birth 1921		Date of Birth 1921	
Place of Birth Franklin, Idaho		Place of Birth Franklin, Idaho	
Name of Father [illegible]		Name of Mother [illegible]	
Name of Child [illegible]		Name of Child [illegible]	
Date of Birth 1921		Date of Birth 1921	
Place of Birth Franklin, Idaho		Place of Birth Franklin, Idaho	
Name of Father [illegible]		Name of Mother [illegible]	
Name of Child [illegible]		Name of Child [illegible]	
Date of Birth 1921		Date of Birth 1921	
Place of Birth Franklin, Idaho		Place of Birth Franklin, Idaho	
Name of Father [illegible]		Name of Mother [illegible]	
Name of Child [illegible]		Name of Child [illegible]	

753-124-010-155

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-851

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Walter David Peterson</i>				2. Date (month) (day) (year) Of Birth <i>Nov. 24 1897</i>	
	3. Color or Race <i>W</i>	4. Sex <i>M</i>	5. Place of Birth <i>Idaho Falls</i>	a. County <i>Bonneville</i>	b. City or Town of Birth <i>Idaho Falls Idaho</i>	
FATHER	6. Full Name of Father <i>John Peterson</i>				7. State or Country of Father's Birth <i>Denmark</i>	
MOTHER	8. Full Maiden Name of Mother <i>Caroline Jensen</i>				9. State or Country of Mother's Birth <i>Denmark</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>W.D. Peterson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Oct. 21 1959</i>				11. Present Address of Registrant <i>P.O. Box 447 - Nampa Ida</i>	
	12. Signature of Notary <i>Hazel L. Surlbert</i>				13. Notary Commission expires <i>Sept. 28 1960</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Own child's birth certificate		By whom issued and signed #227817	Date issued --	Date Orig. Entry child born Dec 12, 1934
	Date of Birth age 37	Birth Place Idaho Falls, Idaho	Full Name of Mother --	Name of Father --	
SUPPORTING RECORD 2.	Type of Document Photostatic copy of application for social Security account no.		By whom issued and signed form CER-1 #711 09 5007 Railroad Retirement Board	Date issued Dec 6, 1937	Date Orig. Entry Dec 6, 1937
	Date of Birth November 24, 1897	Birth Place Idaho Falls, Bonneville, Idaho	Full Name of Mother Caroline Jensen	Name of Father John Peterson	
SUPPORTING RECORD 3.	Type of Document certified, of marriage license application		By whom issued and signed Harry Moore, Recorder Bonneville County, Idaho	Date issued July 31, 1959	Date Orig. Entry February 12, 1921
	Date of Birth age 23	Birth Place --	Full Name of Mother --	Name of Father --	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Joyce B. Foltz

Date Filed

Oct 21, 1959



STATE OF IDAHO  
DEPARTMENT OF PUBLIC SAFETY

OCT 22 1937

<p>1. Name of Person: <u>John Peterson</u></p>		<p>2. Date of Birth: <u>Dec 8, 1907</u></p>	
<p>3. Place of Birth: <u>Idaho</u></p>		<p>4. Name of Father: <u>John Peterson</u></p>	
<p>5. Name of Mother: <u>Caroline Jensen</u></p>		<p>6. Name of Spouse: <u>None</u></p>	
<p>7. Address: <u>Idaho</u></p>		<p>8. Occupation: <u>None</u></p>	
<p>9. Date of Application: <u>Dec 8, 1937</u></p>		<p>10. Date of Issuance: <u>Dec 8, 1937</u></p>	
<p>11. Signature of Applicant: <u>John Peterson</u></p>		<p>12. Signature of Officer: <u>W. W. Benson</u></p>	
<p>13. Signature of Notary: <u>John Peterson</u></p>		<p>14. Signature of Clerk: <u>W. W. Benson</u></p>	

NOTARY PUBLIC  
W. W. Benson  
Idaho

CLERK  
W. W. Benson  
Idaho

DEPARTMENT OF PUBLIC SAFETY  
STATE OF IDAHO

# 363-102-003-766 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-897

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Thomas E. Lockyer				2. Date (month) (day) (year) Of Birth April 2 1897	
	3. Color or Race white	4. Sex M	5. Place of Birth McCammon	a. County Bannock	b. City or Town of Birth McCammon	
FATHER	6. Full Name of Father Mayford L. Lockyer				7. State or Country of Father's Birth Utah	
MOTHER	8. Full Maiden Name of Mother Katie Goodenough				9. State or Country of Mother's Birth Nevada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Thomas E. Lockyer</i>		11. Present Address of Registrant Lava Hot Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 6, 1959			12. Signature of Notary <i>R. Wallace Jensen</i>		13. Notary Commission expires June 15 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document Honorably Discharge Record		By whom issued and signed U. S. Army		Date issued discharged 2-28-19	Date Orig. Entry inducted Aug. 5, 1918
	Date of Birth 21 yrs.	Birth Place McCammon, Idaho	Full Name of Mother ----		Name of Father ----	
SUPPORTING RECORD 2.	Type of Document Permit to Depart from the United States		By whom issued and signed Local Board No. 36		Date issued	Date Orig. Entry Dec. 2, 1942
	Date of Birth April 2, 1897	Birth Place ----	Full Name of Mother ----		Name of Father ----	
SUPPORTING RECORD 3.	Type of Document Affidavit by father, age 84		By whom issued and signed Mayford L. Lockyer		Date issued 10-21-59	Date Orig. Entry
	Date of Birth April 2, 1897	Birth Place McCammon, Idaho	Full Name of Mother Kate Goodnough		Name of Father Mayford L. Lockyer	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by nr Nancy Richards	Date Filed Nov. 4, 1959

DELETED COPY OF BIRTH  
STATE OF OHIO

RECEIVED  
JAN 10 1940  
U.S. DEPT. OF JUSTICE

553-205-022-513

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-911

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>LaGrande, Nelson</i>				2. Date (month) (day) (year) Of Birth <i>Oct</i> <i>5</i> <i>1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth <i>Salem</i>	a. County <i>Freeman</i>	b. City or Town of Birth <i>Salem</i>		
<b>FATHER</b>	6. Full Name of Father <i>David Nelson</i>				7. State or Country of Father's Birth <i>Utah</i>		
<b>MOTHER</b>	8. Full Maiden Name of Mother <i>Rosanna Alvina Valentine</i>				9. State or Country of Mother's Birth <i>Utah</i>		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>LaGrande J. Lark</i>		11. Present Address of Registrant <i>LaGrande, Oregon</i> <i>1020 Benson</i>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>November 4</i> 19 <i>59</i>		12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <i>August 31</i> 19 <i>63</i>		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1-</b>	Type of Document (born 2-14-1886) Affidavit by sister		By whom issued and signed <i>LaVerna Lark</i>	Date issued <i>10-14-59</i>	Date Orig. Entry
	Date of Birth <i>Oct. 5, 1897</i>	Birth Place <i>Salem, Idaho</i>	Full Name of Mother <i>Rosanna Valentine Nelson</i>	Name of Father <i>David Nelson</i>	
<b>SUPPORTING RECORD 2-</b>	Type of Document Family Record		By whom issued and signed original viewed by Bureau of Vital Statistics	Date issued <i>11-6-59</i>	Date Orig. Entry <i>old record</i>
	Date of Birth <i>Oct. 5, 1897</i>	Birth Place <i>Salem, Idaho</i>	Full Name of Mother ----	Name of Father <i>David Nelson</i>	
<b>SUPPORTING RECORD 3-</b>	Type of Document Insurance Application		By whom issued and signed <i>Idaho Mutual Benefit Assoc.</i>	Date issued	Date Orig. Entry <i>March 20, 1941</i>
	Date of Birth <i>Oct. 5, 1897</i>	Birth Place <i>Salem, Idaho</i>	Full Name of Mother -----	Name of Father -----	

## QUALIFYING INFORMATION

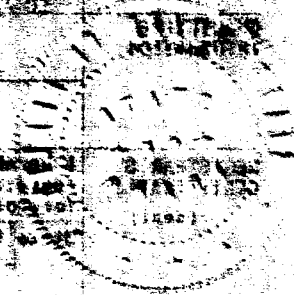
## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>[Signature]</i>	Evidence reviewed by <i>Nancy Richards</i>	Date Filed <i>Nov. 6, 1959</i>

NOV 6 1955

DECEASED CERTIFICATE OF BIRTH  
STATE OF IDAHO

1. Name of child at birth		2. Date of birth		3. Place of birth		4. Name of mother	
5. Name of father		6. Date of death		7. Place of death		8. Name of informant	
9. State or County of father's birth		10. State or County of mother's birth		11. Name of informant		12. Signature of informant	
13. Signature of informant		14. Signature of informant		15. Signature of informant		16. Signature of informant	
17. Signature of informant		18. Signature of informant		19. Signature of informant		20. Signature of informant	
21. Signature of informant		22. Signature of informant		23. Signature of informant		24. Signature of informant	
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53. Signature of informant		54. Signature of informant		55. Signature of informant		56. Signature of informant	
57. Signature of informant		58. Signature of informant		59. Signature of informant		60. Signature of informant	
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65. Signature of informant		66. Signature of informant		67. Signature of informant		68. Signature of informant	
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93. Signature of informant		94. Signature of informant		95. Signature of informant		96. Signature of informant	
97. Signature of informant		98. Signature of informant		99. Signature of informant		100. Signature of informant	



263-209-007-739

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-916

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Nellie Bolliger</u>			2. Date of Birth (month) (day) (year) <u>April 9 1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Blaine County</u>	b. City or Town of Birth <u>Hailey, Idaho</u>		
FATHER	6. Full Name of Father <u>John Earhardt Bolliger</u>			7. State or Country of Father's Birth <u>Switzerland</u>		
MOTHER	8. Full Maiden Name of Mother <u>Anna Pliis</u>			9. State or Country of Mother's Birth <u>Switzerland</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Nellie Bolliger</u>		11. Present Address of Registrant <u>305 N. Main St. Hailey, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>November 9 1959</u>			12. Signature of Notary <u>J. W. Plavins</u>		13. Notary Commission expires <u>April 18 1961</u>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Federal Census Record</u>		By whom issued and signed <u>U. S. Bureau of the Census</u>		Date issued <u>10-23-59</u>	Date Orig. Entry <u>June 1, 1900</u>
	Date of Birth <u>April 1897</u> (age 3)	Birth Place <u>Idaho</u>	Full Name of Mother <u>Amney Blogier</u>		Name of Father <u>John Blogier</u>	
SUPPORTING RECORD 2.	Type of Document <u>Cosmetology Application</u>		By whom issued and signed <u>Occupational License Bureau Idaho Dept. of Law Enforcement</u>		Date issued <u>7-23-59</u>	Date Orig. Entry <u>June 25, 1929</u>
	Date of Birth <u>April 9, 1897</u>	Birth Place <u>Hailey, Idaho</u>	Full Name of Mother <u>---</u>		Name of Father <u>---</u>	
SUPPORTING RECORD 3.	Type of Document (showing maiden name of <u>BOLLIGER</u> ) <u>own child's birth certificate</u>		By whom issued and signed <u>Idaho #240316</u>		Date issued	Date Orig. Entry <u>child born Feb. 8, 1936</u>
	Date of Birth <u>age 38</u>	Birth Place <u>Hailey, Idaho</u>	Full Name of Mother <u>---</u>		Name of Father <u>---</u>	
QUALIFYING INFORMATION	Association Membership Record, Women's Benefit Assoc., Port Huron, Mich.; 3-4-59; record of Oct. 21, 1924; born-April 9, 1897.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Nancy Richards</u>			Date Filed <u>Nov. 12, 1959</u>

STATE OF IOWA  
DEPARTMENT OF REVENUE

10-2-72

<p>1. Name of the person or entity to whom the power is granted</p> <p>2. Name of the person or entity granting the power</p> <p>3. State or Country of the person or entity granting the power</p> <p>4. State or Country of the person or entity to whom the power is granted</p> <p>5. Date of the power</p> <p>6. Signature of the person or entity granting the power</p> <p>7. Signature of the person or entity to whom the power is granted</p> <p>8. Notary Public for the State of _____</p> <p>9. My Commission Expires _____</p> <p>10. My Office is located at _____</p> <p>11. My term of office is for _____ years</p> <p>12. I am a resident of the State of _____</p> <p>13. I am a resident of the County of _____</p> <p>14. I am a resident of the City of _____</p> <p>15. I am a resident of the Town of _____</p> <p>16. I am a resident of the Village of _____</p> <p>17. I am a resident of the Hamlet of _____</p> <p>18. I am a resident of the Parish of _____</p> <p>19. I am a resident of the Precinct of _____</p> <p>20. I am a resident of the Ward of _____</p> <p>21. I am a resident of the District of _____</p> <p>22. I am a resident of the Division of _____</p> <p>23. I am a resident of the Subdivision of _____</p> <p>24. I am a resident of the Block of _____</p> <p>25. I am a resident of the Lot of _____</p> <p>26. I am a resident of the Parcel of _____</p> <p>27. I am a resident of the Tract of _____</p> <p>28. I am a resident of the Estate of _____</p> <p>29. I am a resident of the Tenement of _____</p> <p>30. I am a resident of the Dwelling of _____</p> <p>31. I am a resident of the House of _____</p> <p>32. I am a resident of the Building of _____</p> <p>33. I am a resident of the Structure of _____</p> <p>34. I am a resident of the Edifice of _____</p> <p>35. I am a resident of the Construction of _____</p> <p>36. I am a resident of the Fabric of _____</p> <p>37. I am a resident of the Material of _____</p> <p>38. I am a resident of the Substance of _____</p> <p>39. I am a resident of the Matter of _____</p> <p>40. I am a resident of the Thing of _____</p> <p>41. I am a resident of the Object of _____</p> <p>42. I am a resident of the Subject of _____</p> <p>43. I am a resident of the Matter of _____</p> <p>44. I am a resident of the Thing of _____</p> <p>45. I am a resident of the Object of _____</p> <p>46. I am a resident of the Subject of _____</p> <p>47. I am a resident of the Matter of _____</p> <p>48. I am a resident of the Thing of _____</p> <p>49. I am a resident of the Object of _____</p> <p>50. I am a resident of the Subject of _____</p>	<p>1. Name of the person or entity to whom the power is granted</p> <p>2. Name of the person or entity granting the power</p> <p>3. State or Country of the person or entity granting the power</p> <p>4. State or Country of the person or entity to whom the power is granted</p> <p>5. Date of the power</p> <p>6. Signature of the person or entity granting the power</p> <p>7. Signature of the person or entity to whom the power is granted</p> <p>8. Notary Public for the State of _____</p> <p>9. My Commission Expires _____</p> <p>10. My Office is located at _____</p> <p>11. My term of office is for _____ years</p> <p>12. I am a resident of the State of _____</p> <p>13. I am a resident of the County of _____</p> <p>14. I am a resident of the City of _____</p> <p>15. I am a resident of the Town of _____</p> <p>16. I am a resident of the Village of _____</p> <p>17. I am a resident of the Hamlet of _____</p> <p>18. I am a resident of the Parish of _____</p> <p>19. I am a resident of the Precinct of _____</p> <p>20. I am a resident of the Ward of _____</p> <p>21. I am a resident of the District of _____</p> <p>22. I am a resident of the Division of _____</p> <p>23. I am a resident of the Subdivision of _____</p> <p>24. I am a resident of the Block of _____</p> <p>25. 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I am a resident of the Thing of _____</p> <p>45. I am a resident of the Object of _____</p> <p>46. I am a resident of the Subject of _____</p> <p>47. I am a resident of the Matter of _____</p> <p>48. I am a resident of the Thing of _____</p> <p>49. I am a resident of the Object of _____</p> <p>50. I am a resident of the Subject of _____</p>
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693-222-004-279

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-947

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Mable Ruth Fitzpatrick			2. Date (month) (day) (year) July 22, 1897		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bear Lake Co.	b. City or Town of Birth Montpelier, Idaho		
FATHER	6. Full Name of Father Benjamin Franklin Fitzpatrick			7. State or Country of Father's Birth Chicago, Illinois		
MOTHER	8. Full Maiden Name of Mother Harriett Spidell			9. State or Country of Mother's Birth Preston, Idaho		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mable Ruth Fitzpatrick</i>		11. Present Address of Registrant 639 N. E. 19th Ave. Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on November 5, 1959.			12. Signature of Notary <i>Sorothy Everett</i>		13. Notary Commission expires 3-17-61 19

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Baptismal Certificate		By whom issued and signed R. C. Church of Blessed Sacrament, Montpelier, Idaho		Date issued 10-9-59	Date Orig. Entry March 30, 1902
	Date of Birth July 22, 1897	Birth Place Montpelier, Idaho	Full Name of Mother Harriet Spidel		Name of Father Benjamin Fitzpatrick	
SUPPORTING RECORD 2.	Type of Document Marriage Record		By whom issued and signed Bannock County, Idaho		Date issued 9-23-59	Date Orig. Entry March 20, 1918
	Date of Birth age 20	Birth Place -----	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document (present at birth) Affidavit by aunt, age 78		By whom issued and signed Irena Spidell		Date issued 11-6-59	Date Orig. Entry
	Date of Birth July 22, 1897	Birth Place Montpelier, Idaho	Full Name of Mother Harriett Spidell Fitzpatrick		Name of Father Fitzpatrick Benjamin Franklin	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by nr Nancy Richards		Date Filed Nov. 20, 1959	

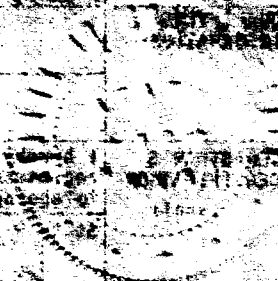
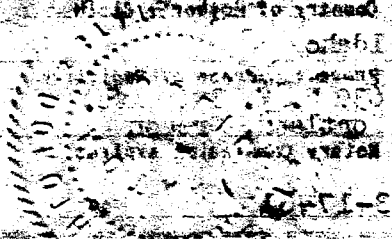
3 copies paid



NOV 20 1959

DELETED CERTIFICATE OF BIRTH  
STATE OF MICHIGAN

1. Name of child at birth 2. Date of birth 3. Place of birth 4. Name of father at birth 5. Name of mother at birth 6. Name of child at present 7. Date of present birth 8. Place of present birth 9. Name of father at present 10. Name of mother at present 11. Name of child at present 12. Date of present birth 13. Place of present birth 14. Name of father at present 15. Name of mother at present		16. Name of child at present 17. Date of present birth 18. Place of present birth 19. Name of father at present 20. Name of mother at present 21. Name of child at present 22. Date of present birth 23. Place of present birth 24. Name of father at present 25. Name of mother at present		26. Name of child at present 27. Date of present birth 28. Place of present birth 29. Name of father at present 30. Name of mother at present 31. Name of child at present 32. Date of present birth 33. Place of present birth 34. Name of father at present 35. Name of mother at present		36. Name of child at present 37. Date of present birth 38. Place of present birth 39. Name of father at present 40. Name of mother at present 41. Name of child at present 42. Date of present birth 43. Place of present birth 44. Name of father at present 45. Name of mother at present	
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962-126-025-359

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-1034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth REYNOLD LAVERNE ROBERTSON			2. Date of Birth (month) (day) (year) June 26 1897		
	3. Color or Race White	4. Sex M	5. Place of Birth Idaho	6. City or Town of Birth Green Creek, Idaho		
FATHER	6. Full Name of Father Benjamin Franklin Robertson			7. State or Country of Father's Birth Oregon		
MOTHER	8. Full Maiden Name of Mother Evva May Terwillegar			9. State or Country of Mother's Birth Iowa		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Reynold L. Robertson</i>		11. Present Address of Registrant E. 1112 Ermina Ave. Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on December 4, 1959			12. Signature of Notary <i>Harold D. Clever</i>		13. Notary Commission expires April 8, 1962
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document Affidavit by mother, age 82		By whom issued and signed Evva Terwillegar Robertson		Date issued 10-6-58	Date Orig. Entry
	Date of Birth June 26, 1897	Birth Place Idaho County Green Creek, Idaho	Full Name of Mother Evva Terwillegar Robertson		Name of Father Benjamin Franklin Robertson	
SUPPORTING RECORD 2.	Type of Document Insurance Application		By whom issued and signed Idaho Mutual Benefit Assoc.		Date issued	Date Orig. Entry July 16, 1941
	Date of Birth June 26, 1897	Birth Place Green Creek, Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document own child's birth certificate		By whom issued and signed Idaho #245188		Date issued	Date Orig. Entry child born July 7, 1936
	Date of Birth age 39	Birth Place Greencreek, Idaho	Full Name of Mother -----		Name of Father -----	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by nr Nancy Richards			Date Filed Dec. 30, 1959



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De59-1042

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Asbury Lynn Gordon			2. Date (month) (day) (year) Of Birth July 14 1897		
	3. Color or Race white	4. Sex male	5. Place of Birth a. County Fremont County		b. City or Town of Birth Wilford	
FATHER	6. Full Name of Father Charles A. Gordon			7. State or Country of Father's Birth Illinois		
MOTHER	8. Full Maiden Name of Mother Anna M. Russ			9. State or Country of Mother's Birth Morgan City, Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Asbury Lynn Gordon</i>		11. Present Address of Registrant Thorp, Washington
NOTARY (Seal)	Subscribed and sworn to before me on December 14 1959		12. Signature of Notary <i>H. C. A. Kern</i>		13. Notary Commission expires Jan. 5 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by mother		By whom issued and signed Anna M. Gordon		Date Issued 8-17-56	Date Orig. Entry
	Date of Birth July 14, 1897	Birth Place Wilford, Idaho	Full Name of Mother Anna M. Russ Gordon		Name of Father Charles A. Gordon	
SUPPORTING RECORD 2.  (age 31)	Type of Document Insurance Application		By whom issued and signed Occidental Life Ins. Co.		Date Issued	Date Orig. Entry Aug. 6, 1928
	Date of Birth July 14, 1897	Birth Place Idaho	Full Name of Mother ---		Name of Father ---	
SUPPORTING RECORD 3.	Type of Document School Record		By whom issued and signed Kittitas County Schools Supt. Ellensburg, Wash.		Date Issued 11-25-59	Date Orig. Entry year 1908
	Date of Birth July 14, 1897	Birth Place ---	Full Name of Mother ---		Name of Father C. A. Gordon	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. A. Benson</i>	Evidence reviewed by Nancy Richards	Date Filed Dec. 31, 1959



683-221-004-165

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Eva Elizabeth Wyler</b>			2. Date (month) (day) (year) Of Birth <b>October 21 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth a. County <b>Bear Lake</b>	b. City or Town of Birth <b>Paris</b>		
FATHER	6. Full Name of Father <b>Charles Arthur Wyler</b>			7. State or Country of Father's Birth <b>Switzerland</b>		
MOTHER	8. Full Maiden Name of Mother <b>Louisa Jonnelli</b>			9. State or Country of Mother's Birth <b>Switzerland</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Eva W. J. Jonsen</i>		11. Present Address of Registrant <b>Richfield, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>April 15, 19 59</b>			12. Signature of Notary <i>Stanford</i>		13. Notary Commission expires <b>Dec. 12, 19 60</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Affidavit by neighbor at time of birth,</b>		By whom issued and signed <b>Daniel C. Rich (born 3-31-1884)</b>		Date issued <b>4-7-59</b>	Date Orig. Entry
	Date of Birth <b>Oct. 21, 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother <b>Louisa Jonely Wyler</b>		Name of Father <b>Charles Arthur Wyler</b>	
SUPPORTING RECORD 2.	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #381329</b>		Date issued	Date Orig. Entry <b>Sept. 17, 1943</b>
	Date of Birth <b>age 45</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	
SUPPORTING RECORD 3.  (age 21)	Type of Document <b>Marriage Record</b>		By whom issued and signed <b>Salt Lake County, Utah</b>		Date issued <b>1-28-60</b>	Date Orig. Entry <b>May 13, 1919</b>
	Date of Birth <b>Oct. 21 1897</b>	Birth Place <b>Paris, Idaho</b>	Full Name of Mother <b>(born-Switzerland) Louise Jonley</b>		Name of Father <b>(born-Switzerland) Charles A. Wyler</b>	

### QUALIFYING INFORMATION

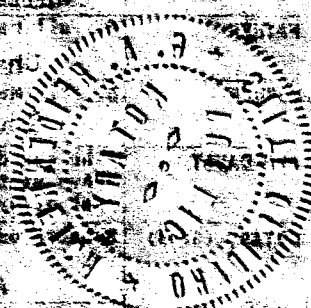
### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>Mr Nancy Richards</b>	Date Filed <b>Feb. 12, 1960</b>

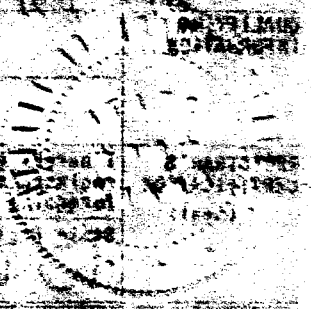
1961 FEB 17

DETACHED CERTIFICATE OF BIRTH  
STATE OF IDAHO

Name of Person Mrs. Elizabeth W. Weller		Sex Female	
Date of Birth April 11, 1900		Place of Birth Paris, Idaho	
Signature of Registrar [Signature]		Signature of Parent [Signature]	
Date of Issuance April 11, 1961		Place of Issuance Paris, Idaho	



Name of Person Mrs. Elizabeth W. Weller		Sex Female	
Date of Birth April 11, 1900		Place of Birth Paris, Idaho	
Signature of Registrar [Signature]		Signature of Parent [Signature]	
Date of Issuance April 11, 1961		Place of Issuance Paris, Idaho	



553-118-009-693

160-2

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-195  
160-2

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Fremont Sevell Nelson</b>				2. Date of Birth (month) (day) (year) <b>April 19, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Bonner Co.</b>		b. City or Town of Birth <b>Hope, Idaho</b>	
FATHER	6. Full Name of Father <b>Robert Blackwood Nelson</b>				7. State or Country of Father's Birth <b>Nova Scotia, Canada</b>	
MOTHER	8. Full Maiden Name of Mother <b>Augusta Williams</b>				9. State or Country of Mother's Birth <b>Sweden</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>F.S. Nelson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 15th 1960</i>				11. Present Address of Registrant <b>1011 N. 16th Coeur d'Alene, Idaho</b>	
					12. Signature of Notary <i>Shirley E. Grindley</i>	
					13. Notary Commission expires _____ 19____	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Affidavit by neighbor at time of birth, age 79, Mary Peterson</b>		By whom issued and signed <b>79, Mary Peterson</b>		Date Issued <b>8-20-59</b>	Date Orig. Entry
	Date of Birth <b>April 19, 1897</b>	Birth Place <b>Bonner Co. Hope, Idaho</b>	Full Name of Mother <b>Augusta Nelson</b>		Name of Father <b>Robert Nelson</b>	
SUPPORTING RECORD 2.	Type of Document <b>School Record</b>		By whom issued and signed <b>Bonner Co. Class A School Dist. #82, Sandpoint, Idaho</b>		Date Issued	Date Orig. Entry <b>school census Sept. 12, 1911</b>
	Date of Birth <b>age 14</b>	Birth Place <b>-----</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 3.  (age 27)	Type of Document <b>Certificate of Naturalization</b>		By whom issued and signed <b>Dominion Lands Office Grand Prairie, Alb., Canada</b>		Date Issued <b>12-18-24</b>	Date Orig. Entry <b>Dec. 18, 1924</b>
	Date of Birth <b>April 19, 1897</b>	Birth Place <b>Hope, Idaho U.S.A.</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION  (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by nr <b>Nancy Richards</b>			Date Filed <b>March 7, 1960</b>



**MAR 7 1960**

SEP 24 1965

A circular, textured object, possibly a coin or a seal, with a central emblem and a serrated edge. The image is high-contrast and grainy, with a central dark area and a lighter, textured outer ring. The overall appearance is that of a close-up of a physical object with a complex, possibly embossed or engraved, surface.

[illegible]

*[Faint, mostly illegible text from a document scan, possibly containing names and dates.]*

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Cecil Ralph Whitmore</b>			2. Date (month) (day) (year) Of Birth <b>July 25, 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Latah Co.</b>		b. City or Town of Birth <b>Moscow, Idaho</b>	
FATHER	6. Full Name of Father <b>Cecil Herbert Whitmore</b>			7. State or Country of Father's Birth <b>New York State</b>		
MOTHER	8. Full Maiden Name of Mother <b>Jennie Izora Crawford</b>			9. State or Country of Mother's Birth <b>Kansas</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Cecil Ralph Whitmore</i>		11. Present Address of Registrant <b>715 12th St. Clarkston, Washington</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Jan 23 1960</i>			12. Signature of Notary <i>Paul Schumacher</i>		13. Notary Commission expires <i>Sept 22 1963</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

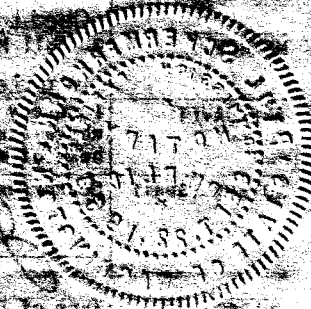
SUPPORTING RECORD 1-	Type of Document <b>Affidavit by sister, age 72</b>		By whom issued and signed <b>Edna May Youngs</b>		Date issued <b>7-10-58</b>	Date Orig. Entry
	Date of Birth <b>1897</b>	Birth Place <b>Moscow, Idaho</b>	Full Name of Mother <b>Jennie Izora Whitmore</b>		Name of Father <b>Cecil Herbert Whitmore</b>	
SUPPORTING RECORD 2-	Type of Document <b>Employment Record</b>		By whom issued and signed <b>Washington Water Power Co. Lewiston, Idaho</b>		Date issued <b>12-30-58</b>	Date Orig. Entry <b>June 22, 1925</b>
	Date of Birth <b>July 25, 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Jennie I. Whitmore</b>		Name of Father <b>Cecil H. Whitmore</b>	
SUPPORTING RECORD 3-	Type of Document <b>Federal Census Record</b>		By whom issued and signed <b>U. S. Bureau of the Census</b>		Date issued <b>3-4-60</b>	Date Orig. Entry <b>June 1, 1900</b>
	Date of Birth <b>July 1897 (age 2)</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Jennie I. Whitmore</b>		Name of Father <b>Cecil H. Whitmore</b>	
QUALIFYING INFORMATION	School Record, Moscow Public Schools, Ida.; 1-20-60: age 14 as of Sept. 1, 1911.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>			Evidence reviewed by <b>Mr Nancy Richards</b>		Date Filed <b>March 14, 1960</b>

STATE FILE NO. 100-151

STATE OF IOWA  
DELAYED CERTIFICATE OF BIRTH

1900 JAN 14 AM 11:00  
STATE OF IOWA  
DEPT. OF HEALTH  
DIV. OF REGISTRATION

NAME OF CHILD	JOHN J. JONES	DATE OF BIRTH	1900 JAN 14
PLACE OF BIRTH	STATE OF IOWA	COUNTY	JOHNSON
NAME OF FATHER	JOHN J. JONES	NAME OF MOTHER	MARY J. JONES
DATE OF DEATH		PLACE OF DEATH	
NAME OF REGISTRAR	JOHN J. JONES	SIGNATURE OF REGISTRAR	<i>[Signature]</i>
DATE OF REGISTRATION	1900 JAN 14	PLACE OF REGISTRATION	STATE OF IOWA



NAME OF CHILD	JOHN J. JONES	DATE OF BIRTH	1900 JAN 14
PLACE OF BIRTH	STATE OF IOWA	COUNTY	JOHNSON
NAME OF FATHER	JOHN J. JONES	NAME OF MOTHER	MARY J. JONES
DATE OF DEATH		PLACE OF DEATH	
NAME OF REGISTRAR	JOHN J. JONES	SIGNATURE OF REGISTRAR	<i>[Signature]</i>
DATE OF REGISTRATION	1900 JAN 14	PLACE OF REGISTRATION	STATE OF IOWA

NAME OF CHILD	JOHN J. JONES	DATE OF BIRTH	1900 JAN 14
PLACE OF BIRTH	STATE OF IOWA	COUNTY	JOHNSON
NAME OF FATHER	JOHN J. JONES	NAME OF MOTHER	MARY J. JONES
DATE OF DEATH		PLACE OF DEATH	
NAME OF REGISTRAR	JOHN J. JONES	SIGNATURE OF REGISTRAR	<i>[Signature]</i>
DATE OF REGISTRATION	1900 JAN 14	PLACE OF REGISTRATION	STATE OF IOWA

418-127-016-299

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De60-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>James Elmer Mahoney</i>				2. Date (month) (day) (year) Of Birth <i>March 27 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Albion Ida. Cassia</i>	a. County	b. City or Town of Birth <i>Albion</i>		
FATHER	6. Full Name of Father <i>James William Mahoney</i>				7. State or Country of Father's Birth <i>Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Annie Louie Brim</i>				9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>James E. Mahoney</i>		11. Present Address of Registrant <i>Salmon Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 11, 1960</i>				12. Signature of Notary <i>Fredrick Hughes Snick</i>		13. Notary Commission expires <i>Sept. 21, 1963</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by sister, age 72		By whom issued and signed Anna Mahoney Parish		Date Issued 2-23-60	Date Orig. Entry
	Date of Birth March 27, 1897	Birth Place Cassia Co. Albion, Idaho	Full Name of Mother (born-Utah) Annie Louie Brim		Name of Father (born-Utah) James William Mahoney	
SUPPORTING RECORD 2.	Type of Document Hospital Record		By whom issued and signed Steele Memorial Hospital Salmon, Idaho		Date issued 2-22-60	Date Orig. Entry Aug. 7, 1950
	Date of Birth March 27, 1897	Birth Place Albion, Idaho	Full Name of Mother (born-Utah) Annie Louise Brim		Name of Father (born-Utah) Wm. M. Mahoney	
SUPPORTING RECORD 3.	Type of Document (notarized statement) Lodge Record		By whom issued and signed Sec. of Lodge #1620 EPOE Salmon, Idaho		Date Issued 3-4-60	Date Orig. Entry Jan. 19, 1946
	Date of Birth March 27, 1897	Birth Place Cassia Co. Albion, Idaho	Full Name of Mother		Name of Father	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

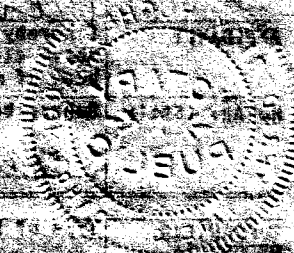
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
*W. Benson*Evidence reviewed by  
Nancy RichardsDate Filed  
March 22, 1960

DECEASED CERTIFICATE OF BIRTH  
STATE OF IDAHO

MAR 22 1960

1. Name of child: *William Robert*  
 2. Date of birth: *March 22, 1960*  
 3. Place of birth: *Idaho Falls, Idaho*  
 4. Sex: *Male*  
 5. Name of mother: *William Robert*  
 6. Name of father: *William Robert*  
 7. Address of mother: *Idaho Falls, Idaho*  
 8. Address of father: *Idaho Falls, Idaho*  
 9. Signature of mother: *William Robert*  
 10. Signature of father: *William Robert*  
 11. Signature of physician: *William Robert*  
 12. Signature of registrar: *William Robert*



NAME OF CHILD	DATE OF BIRTH	PLACE OF BIRTH	SEX	NAME OF MOTHER	NAME OF FATHER	ADDRESS OF MOTHER	ADDRESS OF FATHER
<i>William Robert</i>	<i>March 22, 1960</i>	<i>Idaho Falls, Idaho</i>	<i>Male</i>	<i>William Robert</i>	<i>William Robert</i>	<i>Idaho Falls, Idaho</i>	<i>Idaho Falls, Idaho</i>
<i>James William</i>	<i>March 22, 1960</i>	<i>Idaho Falls, Idaho</i>	<i>Male</i>	<i>James William</i>	<i>James William</i>	<i>Idaho Falls, Idaho</i>	<i>Idaho Falls, Idaho</i>
<i>John William</i>	<i>March 22, 1960</i>	<i>Idaho Falls, Idaho</i>	<i>Male</i>	<i>John William</i>	<i>John William</i>	<i>Idaho Falls, Idaho</i>	<i>Idaho Falls, Idaho</i>
<i>Robert William</i>	<i>March 22, 1960</i>	<i>Idaho Falls, Idaho</i>	<i>Male</i>	<i>Robert William</i>	<i>Robert William</i>	<i>Idaho Falls, Idaho</i>	<i>Idaho Falls, Idaho</i>
<i>William Robert</i>	<i>March 22, 1960</i>	<i>Idaho Falls, Idaho</i>	<i>Male</i>	<i>William Robert</i>	<i>William Robert</i>	<i>Idaho Falls, Idaho</i>	<i>Idaho Falls, Idaho</i>
<i>James William</i>	<i>March 22, 1960</i>	<i>Idaho Falls, Idaho</i>	<i>Male</i>	<i>James William</i>	<i>James William</i>	<i>Idaho Falls, Idaho</i>	<i>Idaho Falls, Idaho</i>
<i>John William</i>	<i>March 22, 1960</i>	<i>Idaho Falls, Idaho</i>	<i>Male</i>	<i>John William</i>	<i>John William</i>	<i>Idaho Falls, Idaho</i>	<i>Idaho Falls, Idaho</i>
<i>Robert William</i>	<i>March 22, 1960</i>	<i>Idaho Falls, Idaho</i>	<i>Male</i>	<i>Robert William</i>	<i>Robert William</i>	<i>Idaho Falls, Idaho</i>	<i>Idaho Falls, Idaho</i>



255-133-028-712 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. De60-273  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Hal Harry Bennett			2. Date (month) (day) (year) Of Birth Sept. 23, 1897		
	3. Color or Race White	4. Sex M	5. Place of Birth Idaho	a. County Kootnae	b. City or Town of Birth Coeur D'Alene	
FATHER	6. Full Name of Father Walter Albert Bennett			7. State or Country of Father's Birth New Hampshire		
MOTHER	8. Full Maiden Name of Mother Katherine Elizabeth Pastoret			9. State or Country of Mother's Birth Michigan		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Hal Harry Bennett</i>		11. Present Address of Registrant 2808 8th Avenue Oakland, California
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 10</i> 19 <i>60</i>			12. Signature of Notary <i>Hermine C. Logan</i>		13. Notary Commission expires <i>Jan. 30</i> 19 <i>64</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by sister, age 58		By whom issued and signed Bertha Bennett Waggott		Date issued 12-11-42	Date Orig. Entry
	Date of Birth Sept. 23, 1897	Birth Place Kootenae Co. Coeur d'Alene, Ida.	Full Name of Mother Katherina Elizabeth Pastoret		Name of Father Walter Albert Bennett	
SUPPORTING RECORD 2.	Type of Document Insurance Application		By whom issued and signed New York Life Ins. Co.		Date issued	Date Orig. Entry Sept. 12, 1928
	Date of Birth Sept. 23, 1897	Birth Place Coeur d'Alene, Idaho	Full Name of Mother ---		Name of Father ---	
SUPPORTING RECORD 3.	Type of Document Identification Card		By whom issued and signed U. S. District Engineers' Office San Francisco, Calif.		Date issued	Date Orig. Entry Aug. 13, 1942
	Date of Birth age 44	Birth Place ---	Full Name of Mother ---		Name of Father ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W W Benson</i>	Evidence reviewed by Nancy Richards	Date Filed March 28, 1960

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



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...and that documentary evidence has been reviewed, which substantiates the facts as set forth in the ...

CONFIDENTIAL

Class 3 Records are those records which the system is unable to place in any other class. Class 3 Records are those records which the system is unable to place in any other class.

469-216-033-155

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De60-288

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Cleova H. Mortensen			2. Date (month) (day) (year) Of Birth August 16, 1897		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Madison Co.	b. City or Town of Birth Salem, Idaho		
FATHER	6. Full Name of Father James Peter Mortensen			7. State or Country of Father's Birth Denmark		
MOTHER	8. Full Maiden Name of Mother Maria Hannah Jensen			9. State or Country of Mother's Birth Idaho, Utah.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Cleova H. Mortensen		
NOTARY (Seal)	Subscribed and sworn to before me on March 23 1960			11. Present Address of Registrant Rt. #2, Rexburg, Idaho		
	12. Signature of Notary Vernon C. Mortensen			13. Notary Commission expires 19		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Certificate of Blessing		By whom issued and signed Salem Ward, No. Rexburg Stake IDS Church		Date issued 3-2-60	Date Orig. Entry Oct. 2, 1897
	Date of Birth Aug. 16, 1897	Birth Place Madison Co. Salem, Idaho	Full Name of Mother Maria Hannah Jensen		Name of Father James Peter Mortensen	
SUPPORTING RECORD 2.	Type of Document own child's birth certificate		By whom issued and signed Idaho #64481		Date issued	Date Orig. Entry child born Nov. 1, 1918
	Date of Birth age 21	Birth Place Salem, Idaho	Full Name of Mother ---		Name of Father ---	
SUPPORTING RECORD 3.	Type of Document Affidavit by neighbor at time of birth		By whom issued and signed (mother was (born 10-18-1875) midwife at birth) Alma Benjamin Larsen		Date issued 3-19-60	Date Orig. Entry
	Date of Birth Aug. 16, 1897	Birth Place Madison Co. Salem, Idaho	Full Name of Mother ---		Name of Father James P. Mortensen	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
W. W. BensonEvidence reviewed by  
nr Nancy RichardsDate Filed  
March 30, 1960



MAR 1 1960

DELAIED CERTIFICATE OF BIRTH  
STATE OF ALABAMA

300-000-000

1. Registrar's Full Name and Title George H. Woodruff Registrar	2. Date of Birth 1958	3. Place of Birth Birmingham, Alabama	4. Name of Mother Lorraine	5. Name of Father Lorraine
6. Date of Registration 1958	7. City or Town of Birth Birmingham	8. State or County of Birth Alabama	9. State or County of Mother's Birth Alabama	10. State or County of Father's Birth Alabama
11. Signature of Registrar George H. Woodruff	12. Signature of Mother Lorraine	13. Signature of Father Lorraine	14. Signature of Registrar George H. Woodruff	15. Signature of Mother Lorraine

16. Date of Birth 1958	17. Date of Registration 1958	18. Date of Birth 1958	19. Date of Registration 1958
20. Name of Mother Lorraine	21. Name of Father Lorraine	22. Name of Mother Lorraine	23. Name of Father Lorraine
24. Date of Birth 1958	25. Date of Registration 1958	26. Date of Birth 1958	27. Date of Registration 1958
28. Name of Mother Lorraine	29. Name of Father Lorraine	30. Name of Mother Lorraine	31. Name of Father Lorraine

32. Date of Birth 1958	33. Date of Registration 1958	34. Date of Birth 1958	35. Date of Registration 1958
36. Name of Mother Lorraine	37. Name of Father Lorraine	38. Name of Mother Lorraine	39. Name of Father Lorraine
40. Date of Birth 1958	41. Date of Registration 1958	42. Date of Birth 1958	43. Date of Registration 1958
44. Name of Mother Lorraine	45. Name of Father Lorraine	46. Name of Mother Lorraine	47. Name of Father Lorraine

296-116-022-495  
DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De60-290

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Fremont Daniel Brown				2. Date (month) (day) (year) Of Birth February 16 1897	
	3. Color or Race White	4. Sex Male	5. Place of Birth La Belle	a. County Fremont	b. City or Town of Birth Lobelle Idaho	
FATHER	6. Full Name of Father Willis D. Brown				7. State or Country of Father's Birth Ogden Utah	
MOTHER	8. Full Maiden Name of Mother Alice Dinsdale				9. State or Country of Mother's Birth Ogden Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Fremont Daniel Brown	
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 23, 1960				11. Present Address of Registrant Rt. #1 Rigby, Idaho.	
	12. Signature of Notary George M. Larson				13. Notary Commission expires Dec 12, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Blessing Record		By whom issued and signed Rexburg Stake, LDS Church Rexburg, Idaho		Date issued Dec. 23, 1916
	Date of Birth Feb. 16, 1897	Birth Place Fremont Co. La-Belle, Idaho	Full Name of Mother Alice Matilda (Dinsdale) Brown		Name of Father Willis Brown
SUPPORTING RECORD 2.	Type of Document Insurance Application		By whom issued and signed Inter-Mountain Life Ins. Co.		Date issued Nov. 24, 1924
	Date of Birth Feb. 16, 1897	Birth Place LaBell, Idaho	Full Name of Mother Alice M. Brown		Name of Father -----
SUPPORTING RECORD 3.	Type of Document School Record		By whom issued and signed Ricks College Rexburg, Idaho		Date issued 3-24-60
	Date of Birth Feb. 16, 1897	Birth Place -----	Full Name of Mother Alice M. Brown		Date Orig. Entry Sept. 1922

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. Benson	Evidence reviewed by Nancy Richards	Date Filed March 30, 1960

DELAYED DEPARTURE OF BIRTH

MAR 31 1960

1. Name of child (Last, first, middle)		2. Date of birth (Month, day, year)		3. Place of birth (City, state, country)	
4. Name of mother (Last, first, middle)		5. Date of birth (Month, day, year)		6. Place of birth (City, state, country)	
7. Name of father (Last, first, middle)		8. Date of birth (Month, day, year)		9. Place of birth (City, state, country)	
10. Name of mother (Last, first, middle)		11. Date of birth (Month, day, year)		12. Place of birth (City, state, country)	
13. Name of father (Last, first, middle)		14. Date of birth (Month, day, year)		15. Place of birth (City, state, country)	
16. Name of mother (Last, first, middle)		17. Date of birth (Month, day, year)		18. Place of birth (City, state, country)	
19. Name of father (Last, first, middle)		20. Date of birth (Month, day, year)		21. Place of birth (City, state, country)	
22. Name of mother (Last, first, middle)		23. Date of birth (Month, day, year)		24. Place of birth (City, state, country)	
25. Name of father (Last, first, middle)		26. Date of birth (Month, day, year)		27. Place of birth (City, state, country)	
28. Name of mother (Last, first, middle)		29. Date of birth (Month, day, year)		30. Place of birth (City, state, country)	
31. Name of father (Last, first, middle)		32. Date of birth (Month, day, year)		33. Place of birth (City, state, country)	
34. Name of mother (Last, first, middle)		35. Date of birth (Month, day, year)		36. Place of birth (City, state, country)	
37. Name of father (Last, first, middle)		38. Date of birth (Month, day, year)		39. Place of birth (City, state, country)	
40. Name of mother (Last, first, middle)		41. Date of birth (Month, day, year)		42. Place of birth (City, state, country)	
43. Name of father (Last, first, middle)		44. Date of birth (Month, day, year)		45. Place of birth (City, state, country)	
46. Name of mother (Last, first, middle)		47. Date of birth (Month, day, year)		48. Place of birth (City, state, country)	
49. Name of father (Last, first, middle)		50. Date of birth (Month, day, year)		51. Place of birth (City, state, country)	
52. Name of mother (Last, first, middle)		53. Date of birth (Month, day, year)		54. Place of birth (City, state, country)	
55. Name of father (Last, first, middle)		56. Date of birth (Month, day, year)		57. Place of birth (City, state, country)	
58. Name of mother (Last, first, middle)		59. Date of birth (Month, day, year)		60. Place of birth (City, state, country)	
61. Name of father (Last, first, middle)		62. Date of birth (Month, day, year)		63. Place of birth (City, state, country)	
64. Name of mother (Last, first, middle)		65. Date of birth (Month, day, year)		66. Place of birth (City, state, country)	
67. Name of father (Last, first, middle)		68. Date of birth (Month, day, year)		69. Place of birth (City, state, country)	
70. Name of mother (Last, first, middle)		71. Date of birth (Month, day, year)		72. Place of birth (City, state, country)	
73. Name of father (Last, first, middle)		74. Date of birth (Month, day, year)		75. Place of birth (City, state, country)	
76. Name of mother (Last, first, middle)		77. Date of birth (Month, day, year)		78. Place of birth (City, state, country)	
79. Name of father (Last, first, middle)		80. Date of birth (Month, day, year)		81. Place of birth (City, state, country)	
82. Name of mother (Last, first, middle)		83. Date of birth (Month, day, year)		84. Place of birth (City, state, country)	
85. Name of father (Last, first, middle)		86. Date of birth (Month, day, year)		87. Place of birth (City, state, country)	
88. Name of mother (Last, first, middle)		89. Date of birth (Month, day, year)		90. Place of birth (City, state, country)	
91. Name of father (Last, first, middle)		92. Date of birth (Month, day, year)		93. Place of birth (City, state, country)	
94. Name of mother (Last, first, middle)		95. Date of birth (Month, day, year)		96. Place of birth (City, state, country)	
97. Name of father (Last, first, middle)		98. Date of birth (Month, day, year)		99. Place of birth (City, state, country)	
100. Name of mother (Last, first, middle)		101. Date of birth (Month, day, year)		102. Place of birth (City, state, country)	

853-105-018-264

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De60-297**

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>John Vernon Helton</b>				2. Date of Birth (month) (day) (year) <b>June 5, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>M</b>	5. Place of Birth a. County <b>Crescent, Idaho Clearwater</b>		b. City or Town of Birth <b>Crescent</b>	
<b>FATHER</b>	6. Full Name of Father <b>Francis Marion Helton</b>				7. State or Country of Father's Birth <b>Indiana</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Sarah Jane Souders</b>				9. State or Country of Mother's Birth <b>Indiana</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>John Vernon Helton</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <b>February 15 19 60</b>				11. Present Address of Registrant <b>8333 So. Painter Avenue Whittier, California</b>	
	12. Signature of Notary <i>Louise Covington</i> <b>Louise Covington</b>				13. Notary Commission expires <b>July 26 19 63</b>	

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1.</b>	Type of Document <b>Marriage Record</b>		By whom issued and signed <b>#9870 Los Angeles Co., Calif.</b>		Date Issued <b>11-30-59</b>	Date Orig. Entry <b>July 30, 1927</b>
	Date of Birth <b>age 30</b>	Birth Place <b>Idaho</b>	Full Name of Mother (born-Ind.) <b>Sarah Souders</b>		Name of Father (born-Ind.) <b>F. M. Helton</b>	
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Los Angeles County, California #9395</b>		Date Issued <b>11-30-59</b>	Date Orig. Entry <b>Dec. 28, 1928</b>
	Date of Birth <b>age 31</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>	
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>Age 78 Affidavit by Brother</b>		By whom issued and signed <b>Walker Sylvester Helton</b>		Date Issued <b>March 8, 1960</b>	Date Orig. Entry <b>---</b>
	Date of Birth <b>June 5, 1897</b>	Birth Place <b>Crescent, Idaho Clearwater Co.,</b>	Full Name of Mother <b>Sarah Jane Souders</b>		Name of Father <b>Francis Marion Helton</b>	

<b>QUALIFYING INFORMATION</b>	Photostatic copy of pages from Family Bible give date of birth as June 5, 1897.		
	with notarized statement by Louise Covington, Notary Public, State of California dated Dec 1, 1959.		
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>nr Joyce B. Foltz</b>	Date Filed <b>April 5, 1960</b>

1987-1988

STATE OF IDAHO  
BIRTH CERTIFICATE

APR 5 1988

1. Name of child at birth		2. Date of birth		3. Place of birth	
4. Sex of child		5. Race of child		6. Religion of child	
7. Name of mother at birth		8. Date of mother's birth		9. Place of mother's birth	
10. Name of father at birth		11. Date of father's birth		12. Place of father's birth	
13. Name of child at present		14. Date of child's present		15. Place of child's present	
16. Name of mother at present		17. Date of mother's present		18. Place of mother's present	
19. Name of father at present		20. Date of father's present		21. Place of father's present	
22. Name of child at death		23. Date of child's death		24. Place of child's death	
25. Name of mother at death		26. Date of mother's death		27. Place of mother's death	
28. Name of father at death		29. Date of father's death		30. Place of father's death	
31. Name of child at burial		32. Date of child's burial		33. Place of child's burial	
34. Name of mother at burial		35. Date of mother's burial		36. Place of mother's burial	
37. Name of father at burial		38. Date of father's burial		39. Place of father's burial	
40. Name of child at cremation		41. Date of child's cremation		42. Place of child's cremation	
43. Name of mother at cremation		44. Date of mother's cremation		45. Place of mother's cremation	
46. Name of father at cremation		47. Date of father's cremation		48. Place of father's cremation	
49. Name of child at interment		50. Date of child's interment		51. Place of child's interment	
52. Name of mother at interment		53. Date of mother's interment		54. Place of mother's interment	
55. Name of father at interment		56. Date of father's interment		57. Place of father's interment	
58. Name of child at funeral		59. Date of child's funeral		60. Place of child's funeral	
61. Name of mother at funeral		62. Date of mother's funeral		63. Place of mother's funeral	
64. Name of father at funeral		65. Date of father's funeral		66. Place of father's funeral	
67. Name of child at memorial		68. Date of child's memorial		69. Place of child's memorial	
70. Name of mother at memorial		71. Date of mother's memorial		72. Place of mother's memorial	
73. Name of father at memorial		74. Date of father's memorial		75. Place of father's memorial	
76. Name of child at graveside		77. Date of child's graveside		78. Place of child's graveside	
79. Name of mother at graveside		80. Date of mother's graveside		81. Place of mother's graveside	
82. Name of father at graveside		83. Date of father's graveside		84. Place of father's graveside	
85. Name of child at cemetery		86. Date of child's cemetery		87. Place of child's cemetery	
88. Name of mother at cemetery		89. Date of mother's cemetery		90. Place of mother's cemetery	
89. Name of father at cemetery		90. Date of father's cemetery		91. Place of father's cemetery	
90. Name of child at church		91. Date of child's church		92. Place of child's church	
91. Name of mother at church		92. Date of mother's church		93. Place of mother's church	
92. Name of father at church		93. Date of father's church		94. Place of father's church	
93. Name of child at school		94. Date of child's school		95. Place of child's school	
94. Name of mother at school		95. Date of mother's school		96. Place of mother's school	
95. Name of father at school		96. Date of father's school		97. Place of father's school	
96. Name of child at college		97. Date of child's college		98. Place of child's college	
97. Name of mother at college		98. Date of mother's college		99. Place of mother's college	
98. Name of father at college		99. Date of father's college		100. Place of father's college	

85-7-118-033-613

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. D60-361

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Wray Walker Hegsted</i>				2. Date (month) (day) (year) Of Birth <i>April 18 1897</i>		
	3. Color of Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Madison</i>	b. City or Town of Birth <i>Salem</i>			
FATHER	6. Full Name of Father <i>Hans Christian Hegsted</i>				7. State or Country of Father's Birth <i>Huntsville, Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Rebecca Mae Walker</i>				9. State or Country of Mother's Birth <i>Three Mile Creek, Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Wray Walker Hegsted</i>		11. Present Address of Registrant <i>Rt 2, Rexburg, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 7, 1960</i>				12. Signature of Notary <i>Vernon C. Mortensen Notary Judge</i>		13. Notary Commission expires 19__

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Certificate of Blessing		By whom issued and signed Salem Ward, No. Rexburg Stake IDS Church		Date issued 3-2-60	Date Orig. Entry May 20, 1897
	Date of Birth April 18, 1897	Birth Place Madison Co. Salem, Idaho	Full Name of Mother Rebecca Mae Walker		Name of Father Hans Christian Hegsted	
SUPPORTING RECORD 2-	Type of Document own child's birth certificate		By whom issued and signed Idaho #61481		Date issued	Date Orig. Entry child born Nov. 1, 1918
	Date of Birth age 21	Birth Place Salem, Idaho	Full Name of Mother ---		Name of Father ---	
SUPPORTING RECORD 3-	Type of Document application for social security account number		By whom issued and signed Treasury Department		Date issued ---	Date Orig. Entry Sept 24, 1937
	Date of Birth April 18, 1897	Birth Place Salem, Idaho	Full Name of Mother Rebecca Mae Walker		Name of Father Hans C. Hegsted	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar  W. W. Benson		Evidence reviewed by  nr Joyce B. Foltz		Date Filed  April 25, 1960	

APR 25 1960

DELAWARE STATE OF BIRTH  
STATE OF DELAWARE

1930-1939

1. Name of child (Last, first, middle)		2. Date of birth (Month, day, year)		3. Sex	
4. Place of birth (City, town or village)		5. State of birth		6. Country of birth	
7. Name of father (Last, first, middle)		8. Date of father's birth (Month, day, year)		9. Sex of father	
10. Name of mother (Last, first, middle)		11. Date of mother's birth (Month, day, year)		12. Sex of mother	
13. Name of child at birth (Last, first, middle)		14. Date of child's birth (Month, day, year)		15. Sex of child at birth	
16. Name of child at birth (Last, first, middle)		17. Date of child's birth (Month, day, year)		18. Sex of child at birth	
19. Name of child at birth (Last, first, middle)		20. Date of child's birth (Month, day, year)		21. Sex of child at birth	
22. Name of child at birth (Last, first, middle)		23. Date of child's birth (Month, day, year)		24. Sex of child at birth	
25. Name of child at birth (Last, first, middle)		26. Date of child's birth (Month, day, year)		27. Sex of child at birth	
28. Name of child at birth (Last, first, middle)		29. Date of child's birth (Month, day, year)		30. Sex of child at birth	
31. Name of child at birth (Last, first, middle)		32. Date of child's birth (Month, day, year)		33. Sex of child at birth	
34. Name of child at birth (Last, first, middle)		35. Date of child's birth (Month, day, year)		36. Sex of child at birth	
37. Name of child at birth (Last, first, middle)		38. Date of child's birth (Month, day, year)		39. Sex of child at birth	
40. Name of child at birth (Last, first, middle)		41. Date of child's birth (Month, day, year)		42. Sex of child at birth	
43. Name of child at birth (Last, first, middle)		44. Date of child's birth (Month, day, year)		45. Sex of child at birth	
46. Name of child at birth (Last, first, middle)		47. Date of child's birth (Month, day, year)		48. Sex of child at birth	
49. Name of child at birth (Last, first, middle)		50. Date of child's birth (Month, day, year)		51. Sex of child at birth	
52. Name of child at birth (Last, first, middle)		53. Date of child's birth (Month, day, year)		54. Sex of child at birth	
55. Name of child at birth (Last, first, middle)		56. Date of child's birth (Month, day, year)		57. Sex of child at birth	
58. Name of child at birth (Last, first, middle)		59. Date of child's birth (Month, day, year)		60. Sex of child at birth	
61. Name of child at birth (Last, first, middle)		62. Date of child's birth (Month, day, year)		63. Sex of child at birth	
64. Name of child at birth (Last, first, middle)		65. Date of child's birth (Month, day, year)		66. Sex of child at birth	
67. Name of child at birth (Last, first, middle)		68. Date of child's birth (Month, day, year)		69. Sex of child at birth	
70. Name of child at birth (Last, first, middle)		71. Date of child's birth (Month, day, year)		72. Sex of child at birth	
73. Name of child at birth (Last, first, middle)		74. Date of child's birth (Month, day, year)		75. Sex of child at birth	
76. Name of child at birth (Last, first, middle)		77. Date of child's birth (Month, day, year)		78. Sex of child at birth	
79. Name of child at birth (Last, first, middle)		80. Date of child's birth (Month, day, year)		81. Sex of child at birth	
82. Name of child at birth (Last, first, middle)		83. Date of child's birth (Month, day, year)		84. Sex of child at birth	
85. Name of child at birth (Last, first, middle)		86. Date of child's birth (Month, day, year)		87. Sex of child at birth	
88. Name of child at birth (Last, first, middle)		89. Date of child's birth (Month, day, year)		90. Sex of child at birth	
91. Name of child at birth (Last, first, middle)		92. Date of child's birth (Month, day, year)		93. Sex of child at birth	
94. Name of child at birth (Last, first, middle)		95. Date of child's birth (Month, day, year)		96. Sex of child at birth	
97. Name of child at birth (Last, first, middle)		98. Date of child's birth (Month, day, year)		99. Sex of child at birth	
100. Name of child at birth (Last, first, middle)		101. Date of child's birth (Month, day, year)		102. Sex of child at birth	

269-125-795-DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. D-60-367  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Elmer Virgil Swinehart</b>			2. Date (month) (day) (year) Of Birth <b>June 25 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>male</b>	5. Place of Birth <b>Idaho</b>	6. City or Town of Birth <b>Rural Clearwater (near Stites)</b>	
FATHER	6. Full Name of Father <b>Sylvester Mahlon Swinehart</b>			7. State or Country of Father's Birth <b>Indiana</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Rosetta Green</b>			9. State or Country of Mother's Birth <b>Indiana</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Elmer Virgil Swinehart</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>February 18 1960</b>			11. Present Address of Registrant <b>Big Sandy, Montana</b>	
	12. Signature of Notary <i>Esther Siebrasse</i>			13. Notary Commission expires <b>August 2 1961</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #139851</b>	Date issued	Date Orig. Entry <b>child born Feb. 28, 1926</b>
	Date of Birth <b>age 28</b>	Birth Place <b>Idaho</b>	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 2.	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Laymen of the Church of God</b>	Date issued <b>7-27-37</b>	Date Orig. Entry <b>June 7, 1937</b>
	Date of Birth <b>June 25, 1897</b>	Birth Place -----	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 3.	Type of Document <b>Application for social security account number</b>		By whom issued and signed <b>Treasury Department</b>	Date issued ----	Date Orig. Entry <b>July 19, 1940</b>
	Date of Birth <b>June 25, 1897</b>	Birth Place <b>Stites, Idaho Idaho County</b>	Full Name of Mother <b>Mary Rosetta Green</b>	Name of Father <b>Sylvester Mahlon Swinehart</b>	
QUALIFYING INFORMATION	School Record, Idaho Co. Supt., Ida.: age 16 as of April, 1914. Washington Driver's License #80158; issued 7-16-43; born in 1897.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Mr Joyce B. Foltz</b>	Date Filed <b>April 25, 1960</b>	

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



APR 26 1960

RECEIVED  
JAN 10 1968

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

TO : DIRECTOR, FBI  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]

[Illegible body text]

Very truly yours,  
[Illegible Signature]

Enclosure

1 - Bureau  
1 - New York  
1 - [Illegible]

ADMINISTRATIVE PAGE TWO

*[The page contains several faint, illegible markings and stamps, possibly from a government or military document.]*

1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 26

DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De60-458  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Glenna Bernadine Adair</i>				2. Date of Birth (month) (day) (year) <i>July 6 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth a. County <i>Moscow Idaho Latah</i>		b. City or Town of Birth <i>Moscow</i>		
FATHER	6. Full Name of Father <i>William Adrian Adair</i>				7. State or Country of Father's Birth <i>Idaho</i>		
MOTHER	8. Full Maiden Name of Mother <i>Losina Warner</i>				9. State or Country of Mother's Birth <i>Indiana</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Bernadine Adair Cornelius</i>		11. Present Address of Registrant <i>812-6<sup>th</sup> Ave Lewiston Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 18 1960</i>				12. Signature of Notary <i>Jerry V. Smith</i>		13. Notary Commission expires <i>May 10 1962</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Affidavit by friend of family at time of birth age 7 1/2</i>		By whom issued and signed <i>Lulu Adair Hatfield</i>	Date issued <i>April 12, 1960</i>	Date Orig. Entry <i>----</i>
	Date of Birth <i>July 6, 1897</i>	Birth Place <i>Moscow, Idaho</i>	Full Name of Mother <i>Losina Warner Adair</i>	Name of Father <i>Dr. William Adrian Adair</i>	
SUPPORTING RECORD 2.	Type of Document <i>Certified copy of marriage license Affidavit</i>		By whom issued and signed <i>Bessie Babcock, Latah county recorder</i>	Date issued <i>April 14, 1960</i>	Date Orig. Entry <i>Aug. 13, 1924</i>
	Date of Birth <i>age 27</i>	Birth Place <i>Moscow, Idaho</i>	Full Name of Mother <i>-----</i>	Name of Father <i>-----</i>	
SUPPORTING RECORD 3.	Type of Document <i>Statement regarding life insurance policy #11 077 402</i>		By whom issued and signed <i>New York Life Insurance Co.</i>	Date issued <i>April 14, 1960</i>	Date Orig. Entry <i>May 1, 1930</i>
	Date of Birth <i>July 6, 1897</i>	Birth Place <i>Moscow, Idaho</i>	Full Name of Mother <i>-----</i>	Name of Father <i>-----</i>	

QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>nr Penny Patterson</i>	Date Filed <i>June 2, 1960</i>
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\* Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

# DECEASED CERTIFICATE OF BIRTH

2 NOV 1961

<p>1. Name of deceased (Last, first, middle initial)                  2. Date of birth (Month, day, year)                  3. Sex                  4. Race                  5. Place of birth (City, State, Country)                  6. Date of death (Month, day, year)                  7. Cause of death (If known)                  8. Signature of Registrar                  9. Date of registration (Month, day, year)</p>		<p>10. Name of father (Last, first, middle initial)                  11. Date of father's birth (Month, day, year)                  12. Name of mother (Last, first, middle initial)                  13. Date of mother's birth (Month, day, year)                  14. Signature of Registrar                  15. Date of registration (Month, day, year)</p>	
<p>16. Name of father (Last, first, middle initial)                  17. Date of father's birth (Month, day, year)                  18. Name of mother (Last, first, middle initial)                  19. Date of mother's birth (Month, day, year)                  20. Signature of Registrar                  21. Date of registration (Month, day, year)</p>		<p>22. Name of father (Last, first, middle initial)                  23. Date of father's birth (Month, day, year)                  24. Name of mother (Last, first, middle initial)                  25. Date of mother's birth (Month, day, year)                  26. Signature of Registrar                  27. Date of registration (Month, day, year)</p>	



This certificate is valid only if the birth certificate has been filed in the Division of Vital Statistics for this State and if the birth certificate has been reviewed and found to be correct in the Division of Vital Statistics.

793-227-007-231

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-570

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Jennie Eliza Gilman</b>				2. Date (month) (day) (year) Of Birth <b>December 27, 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>female</b>	5. Place of Birth a. County <b>Blaine</b>		b. City or Town of Birth <b>Hailey</b>		
FATHER	6. Full Name of Father <b>John Walter Gilman</b>				7. State or Country of Father's Birth <b>North Brookfield, Mass.</b>		
MOTHER	8. Full Maiden Name of Mother <b>Minnie E. Stamper</b>				9. State or Country of Mother's Birth <b>Topeka, Kansas</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Jennie Eliza Gilman</i>		11. Present Address of Registrant <i>Coeur d'Alene</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 24th 1960</i>				12. Signature of Notary <i>Victor Davidson</i>		13. Notary Commission Expires <i>Nov 27 1960</i>
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>							
SUPPORTING RECORD 1.	Type of Document <b>Family bible record</b>		By whom issued and signed <b>--</b>		Date issued <b>--</b>	Date Orig. Entry <b>obviously old</b>	
	Date of Birth <b>Dec. 27, 1897</b>	Birth Place <b>Hailey, Idaho</b>	Full Name of Mother <b>Minnie E. Gilman</b>		Name of Father <b>John Walter Gilman</b>		
SUPPORTING RECORD 2.	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>State of Washington</b>		Date issued <b>Jan. 31, 1952</b>	Date Orig. Entry <b>child born Feb. 3, 1923</b>	
	Date of Birth <b>age 25</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>		
SUPPORTING RECORD 3.	Type of Document <b>affidavit by friend of family at time of birth</b>		By whom issued and signed <b>Joseph W. Fuld age 81</b>		Date issued <b>June 21, 1960</b>	Date Orig. Entry <b>-----</b>	
	Date of Birth <b>Dec. 27, 1897</b>	Birth Place <b>Hailey, Idaho Blaine County</b>	Full Name of Mother <b>Minnie E. Stamper</b>		Name of Father <b>John Walter Gilman</b>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>la Penny Patterson</b>			Date Filed <b>June 27, 1960</b>	

JUN 28 1960

STATE OF IOWA  
DEPARTMENT OF HEALTH  
BIRTH CERTIFICATE

1. Name of child <b>Jeanette Ellen Gilman</b>		2. Sex <b>Female</b>		3. Date of birth <b>December 25, 1929</b>		4. Place of birth <b>Northbrook, Mass.</b>	
5. Name of mother <b>John Walter Gilman</b>		6. Name of father <b>John Walter Gilman</b>		7. Date of mother's birth <b>1900</b>		8. Date of father's birth <b>1900</b>	
9. Name of mother at birth <b>John Walter Gilman</b>		10. Name of father at birth <b>John Walter Gilman</b>		11. Date of mother's marriage <b>1929</b>		12. Date of father's marriage <b>1929</b>	
13. Name of mother at marriage <b>John Walter Gilman</b>		14. Name of father at marriage <b>John Walter Gilman</b>		15. Date of mother's death <b>1950</b>		16. Date of father's death <b>1950</b>	
17. Name of mother at death <b>John Walter Gilman</b>		18. Name of father at death <b>John Walter Gilman</b>		19. Date of mother's burial <b>1950</b>		20. Date of father's burial <b>1950</b>	
21. Name of mother at burial <b>John Walter Gilman</b>		22. Name of father at burial <b>John Walter Gilman</b>		23. Date of mother's cremation <b>1950</b>		24. Date of father's cremation <b>1950</b>	
25. Name of mother at cremation <b>John Walter Gilman</b>		26. Name of father at cremation <b>John Walter Gilman</b>		27. Date of mother's interment <b>1950</b>		28. Date of father's interment <b>1950</b>	
29. Name of mother at interment <b>John Walter Gilman</b>		30. Name of father at interment <b>John Walter Gilman</b>		31. Date of mother's exhumation <b>1950</b>		32. Date of father's exhumation <b>1950</b>	
33. Name of mother at exhumation <b>John Walter Gilman</b>		34. Name of father at exhumation <b>John Walter Gilman</b>		35. Date of mother's reinterment <b>1950</b>		36. Date of father's reinterment <b>1950</b>	
37. Name of mother at reinterment <b>John Walter Gilman</b>		38. Name of father at reinterment <b>John Walter Gilman</b>		39. Date of mother's removal <b>1950</b>		40. Date of father's removal <b>1950</b>	
41. Name of mother at removal <b>John Walter Gilman</b>		42. Name of father at removal <b>John Walter Gilman</b>		43. Date of mother's relocation <b>1950</b>		44. Date of father's relocation <b>1950</b>	
45. Name of mother at relocation <b>John Walter Gilman</b>		46. Name of father at relocation <b>John Walter Gilman</b>		47. Date of mother's return <b>1950</b>		48. Date of father's return <b>1950</b>	
49. Name of mother at return <b>John Walter Gilman</b>		50. Name of father at return <b>John Walter Gilman</b>		51. Date of mother's departure <b>1950</b>		52. Date of father's departure <b>1950</b>	
53. Name of mother at departure <b>John Walter Gilman</b>		54. Name of father at departure <b>John Walter Gilman</b>		55. Date of mother's arrival <b>1950</b>		56. Date of father's arrival <b>1950</b>	
57. Name of mother at arrival <b>John Walter Gilman</b>		58. Name of father at arrival <b>John Walter Gilman</b>		59. Date of mother's departure <b>1950</b>		60. Date of father's departure <b>1950</b>	
61. Name of mother at departure <b>John Walter Gilman</b>		62. Name of father at departure <b>John Walter Gilman</b>		63. Date of mother's return <b>1950</b>		64. Date of father's return <b>1950</b>	
65. Name of mother at return <b>John Walter Gilman</b>		66. Name of father at return <b>John Walter Gilman</b>		67. Date of mother's departure <b>1950</b>		68. Date of father's departure <b>1950</b>	
69. Name of mother at departure <b>John Walter Gilman</b>		70. Name of father at departure <b>John Walter Gilman</b>		71. Date of mother's arrival <b>1950</b>		72. Date of father's arrival <b>1950</b>	
73. Name of mother at arrival <b>John Walter Gilman</b>		74. Name of father at arrival <b>John Walter Gilman</b>		75. Date of mother's departure <b>1950</b>		76. Date of father's departure <b>1950</b>	
77. Name of mother at departure <b>John Walter Gilman</b>		78. Name of father at departure <b>John Walter Gilman</b>		79. Date of mother's return <b>1950</b>		80. Date of father's return <b>1950</b>	
81. Name of mother at return <b>John Walter Gilman</b>		82. Name of father at return <b>John Walter Gilman</b>		83. Date of mother's departure <b>1950</b>		84. Date of father's departure <b>1950</b>	
85. Name of mother at departure <b>John Walter Gilman</b>		86. Name of father at departure <b>John Walter Gilman</b>		87. Date of mother's arrival <b>1950</b>		88. Date of father's arrival <b>1950</b>	
89. Name of mother at arrival <b>John Walter Gilman</b>		90. Name of father at arrival <b>John Walter Gilman</b>		91. Date of mother's departure <b>1950</b>		92. Date of father's departure <b>1950</b>	
93. Name of mother at departure <b>John Walter Gilman</b>		94. Name of father at departure <b>John Walter Gilman</b>		95. Date of mother's return <b>1950</b>		96. Date of father's return <b>1950</b>	
97. Name of mother at return <b>John Walter Gilman</b>		98. Name of father at return <b>John Walter Gilman</b>		99. Date of mother's departure <b>1950</b>		100. Date of father's departure <b>1950</b>	

639-129-022-249 DELAYED CERTIFICATE OF BIRTH  
 Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho  
 STATE OF IDAHO

State File No. De60-620  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>William Gardner Flint</b>					2. Date (month) (day) (year) Of Birth <b>April 29 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>PARKER</b>	a. County <b>Fremont</b>	b. City or Town of Birth <b>PARKER</b>			
FATHER	6. Full Name of Father <b>George Martin Flint</b>					7. State or Country of Father's Birth <b>Utah</b>		
MOTHER	8. Full Maiden Name of Mother <b>Catherine Elizabeth Smith</b>					9. State or Country of Mother's Birth <b>Utah</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>William Gardner Flint</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>April 2 1960</b>					11. Present Address of Registrant <b>218 W 25 Rigny</b>		
						12. Signature of Notary <i>Deborah M. Power</i>		
						13. Notary Commission Expires <b>Feb 1 1961</b>		

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Baptismal Record</b>		By whom issued and signed <b>LDS Church Salt Lake City, Utah</b>	Date issued <b>3-14-60</b>	Date Orig. Entry <b>July 1, 1905</b>
	Date of Birth <b>April 29, 1897</b>	Birth Place <b>Parker, Idaho</b>	Full Name of Mother <b>Catherine Smith</b>	Name of Father <b>George M. Flint</b>	
SUPPORTING RECORD 2-	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #226250</b>	Date issued	Date Orig. Entry <b>child born Oct. 26, 1934</b>
	Date of Birth <b>age 37</b>	Birth Place <b>Parker, Idaho</b>	Full Name of Mother <b>---</b>	Name of Father <b>---</b>	
SUPPORTING RECORD 3-	Type of Document <b>a photocopy of application for social security number</b>		By whom issued and signed <b>Treasury Department</b>	Date issued <b>----</b>	Date Orig. Entry <b>June 14, 1937</b>
	Date of Birth <b>April 29, 1897</b>	Birth Place <b>Parker, Idaho</b>	Full Name of Mother <b>Elizabeth Smith</b>	Name of Father <b>George Marten Flint</b>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>nr Penny Patterson</b>	Date Filed <b>July 12, 1960</b>
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\*Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.

0361-6-1 1960

DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535  
DATE OF BIRTH: 1932  
DATE OF DEATH: 1932  
PLACE OF BIRTH: 1932  
PLACE OF DEATH: 1932  
NAME: 1932  
ADDRESS: 1932  
CITY: 1932  
STATE: 1932  
COUNTRY: 1932  
RACE: 1932  
SEX: 1932  
RELIGION: 1932  
EDUCATION: 1932  
OCCUPATION: 1932  
MARRIAGE: 1932  
CHILDREN: 1932  
PARENTS: 1932  
SIBLINGS: 1932  
MILITARY SERVICE: 1932  
AWARDS: 1932  
REMARKS: 1932

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331-131-022-235

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De60-670

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>James Elmer Clark</u>			2. Date (month) (day) (year) Of <u>July</u> <u>31</u> <u>1897</u> Birth		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Fremont</u>	b. City or Town of Birth <u>Teton City</u>	
FATHER	6. Full Name of Father <u>James Israel Clark</u>			7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Julia Ann Stewart</u>			9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>James Elmer Clark</u>		11. Present Address of Registrant <u>Teton City, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19 ____			12. Signature of Notary <u>Wm D. Hollett</u>		13. Notary Commission expires <u>April 15, 1904</u>

## APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>certified photocopy of marriage license</u>		By whom issued and signed <u>LaMonte Bauer, Fremont County Idaho, Recorder</u>		Date issued <u>Mar. 17, 1960</u>	Date Orig. Entry <u>April 8, 1920</u>
	Date of Birth <u>age 22</u>	Birth Place <u>0----</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>	
SUPPORTING RECORD 2.	Type of Document <u>certificate of Blessing</u>		By whom issued and signed <u>L.D.S. Church, Teton Ward, Merlin Bean, Clerk</u>		Date issued <u>May 25, 1958</u>	Date Orig. Entry <u>blessed Sept. 9, 1897</u>
	Date of Birth <u>July 31, 1897</u>	Birth Place <u>Fremont County Teton, Idaho</u>	Full Name of Mother <u>Julia Ann Stewart</u>		Name of Father <u>James Isreal Clark</u>	
SUPPORTING RECORD 3.	Type of Document <u>affidavit by friend of family at time of birth</u>		By whom issued and signed <u>age 80 Henry Nicholas Sorensen</u>		Date issued <u>July 30, 1960</u>	Date Orig. Entry <u>-----</u>
	Date of Birth <u>July 31, 1897</u>	Birth Place <u>Teton City, Idaho</u>	Full Name of Mother <u>Julia Ann Stewart</u>		Name of Father <u>James Israel Clark</u>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar  <u>W. W. Benson</u>	Evidence reviewed by  <u>pp Penny Patterson</u>	Date Filed  <u>August 2, 1960</u>



AUG 3 1960

DELETED CERTIFICATE OF BIRTH  
STATE OF TEXAS

1. Name of child 2. Date of birth 3. Place of birth 4. Sex 5. Race 6. Color 7. Height 8. Weight 9. Eyes 10. Hair 11. Skin 12. Birth certificate number 13. Date of registration 14. Signature of registrar 15. Seal of registrar		16. Name of mother 17. Date of birth 18. Place of birth 19. Sex 20. Race 21. Color 22. Height 23. Weight 24. Eyes 25. Hair 26. Skin 27. Birth certificate number 28. Date of registration 29. Signature of registrar 30. Seal of registrar	
31. Name of father 32. Date of birth 33. Place of birth 34. Sex 35. Race 36. Color 37. Height 38. Weight 39. Eyes 40. Hair 41. Skin 42. Birth certificate number 43. Date of registration 44. Signature of registrar 45. Seal of registrar		46. Name of mother 47. Date of birth 48. Place of birth 49. Sex 50. Race 51. Color 52. Height 53. Weight 54. Eyes 55. Hair 56. Skin 57. Birth certificate number 58. Date of registration 59. Signature of registrar 60. Seal of registrar	
61. Name of father 62. Date of birth 63. Place of birth 64. Sex 65. Race 66. Color 67. Height 68. Weight 69. Eyes 70. Hair 71. Skin 72. Birth certificate number 73. Date of registration 74. Signature of registrar 75. Seal of registrar		76. Name of mother 77. Date of birth 78. Place of birth 79. Sex 80. Race 81. Color 82. Height 83. Weight 84. Eyes 85. Hair 86. Skin 87. Birth certificate number 88. Date of registration 89. Signature of registrar 90. Seal of registrar	
91. Name of father 92. Date of birth 93. Place of birth 94. Sex 95. Race 96. Color 97. Height 98. Weight 99. Eyes 100. Hair 101. Skin 102. Birth certificate number 103. Date of registration 104. Signature of registrar 105. Seal of registrar		106. Name of mother 107. Date of birth 108. Place of birth 109. Sex 110. Race 111. Color 112. Height 113. Weight 114. Eyes 115. Hair 116. Skin 117. Birth certificate number 118. Date of registration 119. Signature of registrar 120. Seal of registrar	

753-213-028-168

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-680

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Annie Peterson</b>			2. Date (month) (day) (year) Birth <b>April 13 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>F.</b>	5. Place of Birth a. County <b>Kootenai</b>		b. City or Town of Birth <b>Rural</b>	
FATHER	6. Full Name of Father <b>Andrew Christ Peterson</b>			7. State or Country of Father's Birth <b>Denmark</b>		
MOTHER	8. Full Maiden Name of Mother <b>Hilda Johnson</b>			9. State or Country of Mother's Birth <b>Sweden</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Annie Peterson</i>		11. Present Address of Registrant <b>Route 1, Sagle, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>July 13 1960</b>			12. Signature of Notary <i>Ruth McBurney</i>		13. Notary Commission expires <b>Sept. 6 1961</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>census record</b>		By whom issued and signed <b>U.S. Dept. of Commerce Bureau of the Census</b>		Date issued <b>Mar. 15, 1960</b>	Date Orig. Entry <b>census of June 1, 1900</b>
	Date of Birth <b>April 1897 age 3</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Hilda Peterson</b>		Name of Father <b>Andrew C. Peterson</b>	
SUPPORTING RECORD 2-	Type of Document <b>statement regarding school census records</b>		By whom issued and signed <b>Bonner Co. Class A. School Dis. No. 82, G. C. Bower, Asst. Supt.</b>		Date issued <b>May 12, 1959</b>	Date Orig. Entry <b>Sept. 1910 census</b>
	Date of Birth <b>age 13</b>	Birth Place <b>-----</b>	Full Name of Mother <b>-----</b>		Name of Father <b>A. C. Peterson</b>	
SUPPORTING RECORD 3-	Type of Document <b>affidavit by friend of family at time of birth</b>		By whom issued and signed <b>Mrs. James Crockett age 75</b>		Date issued <b>Aug. 2, 1960</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>Apr. 13, 1897</b>	Birth Place <b>Idaho Kootenai County</b>	Full Name of Mother <b>Hilda Johnson Peterson</b>		Name of Father <b>Andrew Christ Peterson</b>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>pp Penny Patterson</b>	Date Filed <b>Aug. 9, 1960</b>

STATE OF TEXAS  
COUNTY OF DALLAS

[illegible]

299-124-022-793

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-685

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Ernest Lester Briggs</i>			2. Date (month) (day) (year) Of Birth <i>Dec. 24 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Teton, Fremont</i>		6. City or Town of Birth <i>Teton, Idaho</i>	
FATHER	6. Full Name of Father <i>John Briggs</i>			7. State or Country of Father's Birth <i>Salt Lake City Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Sarah Elizabeth Gillett</i>			9. State or Country of Mother's Birth <i>Salt Lake City Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ernest L. Briggs</i>		11. Present Address of Registrant <i>Minidoka Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 23, 1960</i>			12. Signature of Notary <i>Ernest L. Briggs</i>		13. Notary Commission Expires <i>Nov. 16 1964</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document copy of application for life insurance policy		By whom issued and signed Continental Life Insurance Company #31971		Date issued -----	Date Orig. Entry Feb. 19, 1919
	Date of Birth <i>Dec. 24, 1897</i>	Birth Place <i>Teton, Idaho</i>	Full Name of Mother <i>Elizabeth Briggs</i>		Name of Father -----	
SUPPORTING RECORD 2-	Type of Document honorable discharge paper		By whom issued and signed U. S. Marine Corps, A. T. Maine Colonel, U.S.M.C.		Date issued May 19, 1925	Date Orig. Entry May 11, 1925
	Date of Birth <i>Dec. 24, 1897</i>	Birth Place <i>Teton, Idaho</i>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3-	Type of Document statement regarding church records		By whom issued and signed LDS Church, Bishop Blair Robinson,		Date issued -----	Date Orig. Entry Deacon Jan. 4, 1910
	Date of Birth <i>Dec. 24, 1897</i>	Birth Place <i>Fremont County Teton, Idaho</i>	Full Name of Mother <i>Sarah Elizabeth Gillett</i>		Name of Father <i>John Briggs</i>	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar  <i>W. W. Benson</i>	Evidence reviewed by  <i>PP Penny Patterson</i>	Date Filed  <i>Aug. 9, 1960</i>

**AUG 9 1960**

1. The first of these is the fact that the Commission has not yet received the report of the Committee on the Administration of Justice, which was appointed in 1964 to examine the working of the judicial system. This report is expected to be published in the near future.

2. The second is the fact that the Commission has not yet received the report of the Committee on the Law of Evidence, which was appointed in 1964 to examine the law of evidence. This report is expected to be published in the near future.

3. The third is the fact that the Commission has not yet received the report of the Committee on the Law of Torts, which was appointed in 1964 to examine the law of torts. This report is expected to be published in the near future.

4. The fourth is the fact that the Commission has not yet received the report of the Committee on the Law of Contracts, which was appointed in 1964 to examine the law of contracts. This report is expected to be published in the near future.

5. The fifth is the fact that the Commission has not yet received the report of the Committee on the Law of Property, which was appointed in 1964 to examine the law of property. This report is expected to be published in the near future.

6. The sixth is the fact that the Commission has not yet received the report of the Committee on the Law of Succession, which was appointed in 1964 to examine the law of succession. This report is expected to be published in the near future.

7. The seventh is the fact that the Commission has not yet received the report of the Committee on the Law of Criminal Procedure, which was appointed in 1964 to examine the law of criminal procedure. This report is expected to be published in the near future.

8. The eighth is the fact that the Commission has not yet received the report of the Committee on the Law of Civil Procedure, which was appointed in 1964 to examine the law of civil procedure. This report is expected to be published in the near future.

9. The ninth is the fact that the Commission has not yet received the report of the Committee on the Law of International Law, which was appointed in 1964 to examine the law of international law. This report is expected to be published in the near future.

10. The tenth is the fact that the Commission has not yet received the report of the Committee on the Law of Human Rights, which was appointed in 1964 to examine the law of human rights. This report is expected to be published in the near future.

1970-1971	1972-1973	1974-1975	1976-1977	1978-1979	1980-1981	1982-1983	1984-1985	1986-1987	1988-1989	1990-1991	1992-1993	1994-1995	1996-1997	1998-1999	2000-2001	2002-2003	2004-2005	2006-2007	2008-2009	2010-2011	2012-2013	2014-2015	2016-2017	2018-2019	2020-2021	2022-2023	2024-2025	2026-2027	2028-2029	2030-2031	2032-2033	2034-2035	2036-2037	2038-2039	2040-2041	2042-2043	2044-2045	2046-2047	2048-2049	2050-2051	2052-2053	2054-2055	2056-2057	2058-2059	2060-2061	2062-2063	2064-2065	2066-2067	2068-2069	2070-2071	2072-2073	2074-2075	2076-2077	2078-2079	2080-2081	2082-2083	2084-2085	2086-2087	2088-2089	2090-2091	2092-2093	2094-2095	2096-2097	2098-2099	2100-2101	2102-2103	2104-2105	2106-2107	2108-2109	2110-2111	2112-2113	2114-2115	2116-2117	2118-2119	2120-2121	2122-2123	2124-2125	2126-2127	2128-2129	2130-2131	2132-2133	2134-2135	2136-2137	2138-2139	2140-2141	2142-2143	2144-2145	2146-2147	2148-2149	2150-2151	2152-2153	2154-2155	2156-2157	2158-2159	2160-2161	2162-2163	2164-2165	2166-2167	2168-2169	2170-2171	2172-2173	2174-2175	2176-2177	2178-2179	2180-2181	2182-2183	2184-2185	2186-2187	2188-2189	2190-2191	2192-2193	2194-2195	2196-2197	2198-2199	2200-2201	2202-2203	2204-2205	2206-2207	2208-2209	2210-2211	2212-2213	2214-2215	2216-2217	2218-2219	2220-2221	2222-2223	2224-2225	2226-2227	2228-2229	2230-2231	2232-2233	2234-2235	2236-2237	2238-2239	2240-2241	2242-2243	2244-2245	2246-2247	2248-2249	2250-2251	2252-2253	2254-2255	2256-2257	2258-2259	2260-2261	2262-2263	2264-2265	2266-2267	2268-2269	2270-2271	2272-2273	2274-2275	2276-2277	2278-2279	2280-2281	2282-2283	2284-2285	2286-2287	2288-2289	2290-2291	2292-2293	2294-2295	2296-2297	2298-2299	2300-2301	2302-2303	2304-2305	2306-2307	2308-2309	2310-2311	2312-2313	2314-2315	2316-2317	2318-2319	2320-2321	2322-2323	2324-2325	2326-2327	2328-2329	2330-2331	2332-2333	2334-2335	2336-2337	2338-2339	2340-2341	2342-2343	2344-2345	2346-2347	2348-2349	2350-2351	2352-2353	2354-2355	2356-2357	2358-2359	2360-2361	2362-2363	2364-2365	2366-2367	2368-2369	2370-2371	2372-2373	2374-2375	2376-2377	2378-2379	2380-2381	2382-2383	2384-2385	2386-2387	2388-2389	2390-2391	2392-2393	2394-2395	2396-2397	2398-2399	2400-2401	2402-2403	2404-2405	2406-2407	2408-2409	2410-2411	2412-2413	2414-2415	2416-2417	2418-2419	2420-2421	2422-2423	2424-2425	2426-2427	2428-2429	2430-2431	2432-2433	2434-2435	2436-2437	2438-2439	2440-2441	2442-2443	2444-2445	2446-2447	2448-2449	2450-2451	2452-2453	2454-2455	2456-2457	2458-2459	2460-2461	2462-2463	2464-2465	2466-2467	2468-2469	2470-2471	2472-2473	2474-2475	2476-2477	2478-2479	2480-2481	2482-2483	2484-2485	2486-2487	2488-2489	2490-2491	2492-2493	2494-2495	2496-2497	2498-2499	2500-2501	2502-2503	2504-2505	2506-2507	2508-2509	2510-2511	2512-2513	2514-
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10-10-68

817-205-029-631

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-704

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Alma Amelia Hagan				2. Date (month) (day) (year) Of Birth November 5 1897			
	3. Color or Race white	4. Sex Female	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth Troy			
FATHER	6. Full Name of Father Olaf (Ole) Hagan				7. State or Country of Father's Birth Norway			
MOTHER	8. Full Maiden Name of Mother Katherine (Kate) Flamoe				9. State or Country of Mother's Birth Norway			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Alma A. Hagan</i>		11. Present Address of Registrant 443 Washington Walla Walla, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 5 1960</i>				12. Signature of Notary <i>Shirley Cecil</i>		13. Notary Commission expires <i>Aug. 14 1961</i>	

APPLICANT — DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document Census Record		By whom issued and signed U.S. Department of Commerce Bureau of the Census			Date issued March 30, 1960	Date Orig. Entry Census of April 15, 1910
	Date of Birth age 12	Birth Place Idaho	Full Name of Mother-Father Ole Hagan			Name of Father-Mother Anna Hagan	
SUPPORTING RECORD 2.	Type of Document Certified copy of own child's birth certificate #34		By whom issued and signed State of Washington, Olympia, Washington			Date issued ---	Date Orig. Entry child born April 22, 1924
	Date of Birth age 26	Birth Place Idaho	Full Name of Mother -----			Name of Father -----	
SUPPORTING RECORD 3.	Type of Document affidavit by sister		By whom issued and signed Anna Peterson born 1878			Date issued Aug. 9, 1960	Date Orig. Entry -----
	Date of Birth Nov. 5, 1897	Birth Place Troy, Idaho Latah County	Full Name of Mother Katherine Flamoe			Name of Father Olaf Hagan	
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by bf Penny Patterson			Date Filed Aug. 12, 1960	



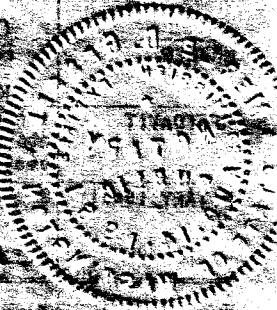
AUG 21 1960

DAVED CERTIFICATE OF BIRTH

STATE OF IOWA

State File No. 557-510

1. Name of child Amelia Kagan		2. Sex Female		3. Date of birth November 2, 1957	
4. Place of birth Iowa		5. Date of birth November 2, 1957		6. State of birth Iowa	
7. Name of father [Signature]		8. Name of mother [Signature]		9. State of parents at birth Iowa	
10. Signature of father [Signature]		11. Signature of mother [Signature]		12. State of parents at birth Iowa	
13. Name of father [Signature]		14. Name of mother [Signature]		15. State of parents at birth Iowa	



1. Name of child Amelia Kagan		2. Sex Female		3. Date of birth November 2, 1957	
4. Place of birth Iowa		5. Date of birth November 2, 1957		6. State of birth Iowa	
7. Name of father [Signature]		8. Name of mother [Signature]		9. State of parents at birth Iowa	
10. Signature of father [Signature]		11. Signature of mother [Signature]		12. State of parents at birth Iowa	
13. Name of father [Signature]		14. Name of mother [Signature]		15. State of parents at birth Iowa	



1. Name of child Amelia Kagan		2. Sex Female		3. Date of birth November 2, 1957	
4. Place of birth Iowa		5. Date of birth November 2, 1957		6. State of birth Iowa	
7. Name of father [Signature]		8. Name of mother [Signature]		9. State of parents at birth Iowa	
10. Signature of father [Signature]		11. Signature of mother [Signature]		12. State of parents at birth Iowa	
13. Name of father [Signature]		14. Name of mother [Signature]		15. State of parents at birth Iowa	

986-17-006-799

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-754

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Joseph Pritchard Rhoades</i>				2. Date (month) (day) (year) Of Birth <i>February 17 1897</i>			
	3. Color or Race <i>White</i>	4. Sex <i>male</i>	5. Place of Birth <i>Ammon Bingham</i>		b. City or Town of Birth mailing address <i>Idaho Falls, Idaho</i>			
FATHER	6. Full Name of Father <i>John Rhoades</i>				7. State or Country of Father's Birth <i>Utah</i>			
MOTHER	8. Full Maiden Name of Mother <i>Maria Pritchard</i>				9. State or Country of Mother's Birth <i>Birmingham, England</i>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Joseph Pritchard Rhoades</i>			
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 24 1960</i>				11. Present Address of Registrant <i>578 Gladstone Idaho Falls</i>			
					12. Signature of Notary <i>Francis E. Smith</i>			
					13. Notary Commission expires <i>August 2 1962</i>			

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document photocopy of certificate of baptism and confirmation		By whom issued and signed IDS Church, Ammon, Idaho, L. J. Nielsen, clerk		Date issued -----	Date Orig. Entry baptized July 2, 1908
	Date of Birth Feb. 17, 1897	Birth Place Bingham County Ammon, Idaho	Full Name of Mother Maria Pritchard		Name of Father John Rhoades	
SUPPORTING RECORD 2.	Type of Document own child's birth certificate		By whom issued and signed Idaho #67645		Date issued -----	Date Orig. Entry child born Jan. 26, 1919
	Date of Birth age 21	Birth Place Idaho Falls, Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document photocopy of honorable discharge certificate		By whom issued and signed U.S. Army, R.E. McNally, Colonel infantry		Date issued -----	Date Orig. Entry enlisted Aug. 26, 1918
	Date of Birth age 21	Birth Place Idaho Falls, Idaho	Full Name of Mother -----		Name of Father -----	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Perry Patterson</i>	Date Filed <i>Aug. 30, 1960</i>





55-2) 7-001-291

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-795

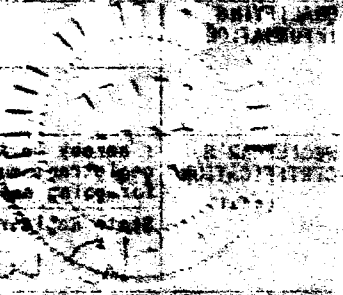
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Dorothy Maud Neal</b>				2. Date (month) (day) (year) Of Birth <b>October 17 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Boise Home</b>	a. County <b>Ada</b>	b. City or Town of Birth <b>Boise</b>	
FATHER	6. Full Name of Father <b>W. Scott Neal</b>				7. State or Country of Father's Birth <b>Iowa</b>	
MOTHER	8. Full Maiden Name of Mother <b>Emma Krall</b>				9. State or Country of Mother's Birth <b>Idaho</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Dorothy Maud Neal</i>		11. Present Address of Registrant <b>3005 N.E. 22nd Ave. Portland, 12 Ore.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>7 September 1960</b>			12. Signature of Notary <i>John A. Sutherland</i>		13. Notary Commission expires <b>17 January 1962</b>
APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document affidavit by aunt age 91		By whom issued and signed <b>Lettie Krall Clay</b>		Date issued <b>Aug. 22, 1960</b>	Date Orig. Entry -----
	Date of Birth <b>Oct. 17, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Emma Krall</b>		Name of Father <b>W. Scott Neal</b>	
SUPPORTING RECORD 2.	Type of Document (copy) own child's birth certificate		By whom issued and signed <b>Idaho #111949</b>		Date issued <b>Sept. 1, 1960</b>	Date Orig. Entry <b>child born June 30, 1923</b>
	Date of Birth age 25	Birth Place <b>Idaho</b>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document copy of certificate of baptism		By whom issued and signed <b>Grace Episcopal Church, Boise Idaho, Eunice J. Hunt, Sec.</b>		Date issued -----	Date Orig. Entry <b>baptized Sept. 5, 1909</b>
	Date of Birth age 11	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Mrs. W. Scott Neal</b>		Name of Father <b>W. Scott Neal</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. L. Benson</i>		Evidence reviewed by <b>Penny L. Wing</b>		Date Filed <b>Sept. 12, 1960</b>	

# UNITED STATES OF AMERICA DEPARTMENT OF JUSTICE BUREAU OF INVESTIGATION

SEP 12 1960

*Smith*

1. Name of Person <b>Joseph M. Smith</b>		2. Date of Birth <b>October 14, 1927</b>	
3. Place of Birth <b>Polina, Iowa</b>		4. Date of Death <b>None</b>	
5. Name of Person <b>Joseph M. Smith</b>		6. Date of Birth <b>October 14, 1927</b>	
7. Place of Birth <b>Polina, Iowa</b>		8. Date of Death <b>None</b>	
9. Name of Person <b>Joseph M. Smith</b>		10. Date of Birth <b>October 14, 1927</b>	
11. Place of Birth <b>Polina, Iowa</b>		12. Date of Death <b>None</b>	
13. Name of Person <b>Joseph M. Smith</b>		14. Date of Birth <b>October 14, 1927</b>	
15. Place of Birth <b>Polina, Iowa</b>		16. Date of Death <b>None</b>	
17. Name of Person <b>Joseph M. Smith</b>		18. Date of Birth <b>October 14, 1927</b>	
19. Place of Birth <b>Polina, Iowa</b>		20. Date of Death <b>None</b>	
21. Name of Person <b>Joseph M. Smith</b>		22. Date of Birth <b>October 14, 1927</b>	
23. Place of Birth <b>Polina, Iowa</b>		24. Date of Death <b>None</b>	
25. Name of Person <b>Joseph M. Smith</b>		26. Date of Birth <b>October 14, 1927</b>	
27. Place of Birth <b>Polina, Iowa</b>		28. Date of Death <b>None</b>	
29. Name of Person <b>Joseph M. Smith</b>		30. Date of Birth <b>October 14, 1927</b>	
31. Place of Birth <b>Polina, Iowa</b>		32. Date of Death <b>None</b>	
33. Name of Person <b>Joseph M. Smith</b>		34. Date of Birth <b>October 14, 1927</b>	
35. Place of Birth <b>Polina, Iowa</b>		36. Date of Death <b>None</b>	
37. Name of Person <b>Joseph M. Smith</b>		38. Date of Birth <b>October 14, 1927</b>	
39. Place of Birth <b>Polina, Iowa</b>		40. Date of Death <b>None</b>	
41. Name of Person <b>Joseph M. Smith</b>		42. Date of Birth <b>October 14, 1927</b>	
43. Place of Birth <b>Polina, Iowa</b>		44. Date of Death <b>None</b>	
45. Name of Person <b>Joseph M. Smith</b>		46. Date of Birth <b>October 14, 1927</b>	
47. Place of Birth <b>Polina, Iowa</b>		48. Date of Death <b>None</b>	
49. Name of Person <b>Joseph M. Smith</b>		50. Date of Birth <b>October 14, 1927</b>	
51. Place of Birth <b>Polina, Iowa</b>		52. Date of Death <b>None</b>	
53. Name of Person <b>Joseph M. Smith</b>		54. Date of Birth <b>October 14, 1927</b>	
55. Place of Birth <b>Polina, Iowa</b>		56. Date of Death <b>None</b>	
57. Name of Person <b>Joseph M. Smith</b>		58. Date of Birth <b>October 14, 1927</b>	
59. Place of Birth <b>Polina, Iowa</b>		60. Date of Death <b>None</b>	
61. Name of Person <b>Joseph M. Smith</b>		62. Date of Birth <b>October 14, 1927</b>	
63. Place of Birth <b>Polina, Iowa</b>		64. Date of Death <b>None</b>	
65. Name of Person <b>Joseph M. Smith</b>		66. Date of Birth <b>October 14, 1927</b>	
67. Place of Birth <b>Polina, Iowa</b>		68. Date of Death <b>None</b>	
69. Name of Person <b>Joseph M. Smith</b>		70. Date of Birth <b>October 14, 1927</b>	
71. Place of Birth <b>Polina, Iowa</b>		72. Date of Death <b>None</b>	
73. Name of Person <b>Joseph M. Smith</b>		74. Date of Birth <b>October 14, 1927</b>	
75. Place of Birth <b>Polina, Iowa</b>		76. Date of Death <b>None</b>	
77. Name of Person <b>Joseph M. Smith</b>		78. Date of Birth <b>October 14, 1927</b>	
79. Place of Birth <b>Polina, Iowa</b>		80. Date of Death <b>None</b>	
81. Name of Person <b>Joseph M. Smith</b>		82. Date of Birth <b>October 14, 1927</b>	
83. Place of Birth <b>Polina, Iowa</b>		84. Date of Death <b>None</b>	
85. Name of Person <b>Joseph M. Smith</b>		86. Date of Birth <b>October 14, 1927</b>	
87. Place of Birth <b>Polina, Iowa</b>		88. Date of Death <b>None</b>	
89. Name of Person <b>Joseph M. Smith</b>		90. Date of Birth <b>October 14, 1927</b>	
91. Place of Birth <b>Polina, Iowa</b>		92. Date of Death <b>None</b>	
93. Name of Person <b>Joseph M. Smith</b>		94. Date of Birth <b>October 14, 1927</b>	
95. Place of Birth <b>Polina, Iowa</b>		96. Date of Death <b>None</b>	
97. Name of Person <b>Joseph M. Smith</b>		98. Date of Birth <b>October 14, 1927</b>	
99. Place of Birth <b>Polina, Iowa</b>		100. Date of Death <b>None</b>	



512419-040-814

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De60-854

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Edwin Hamilton Easton</u>			2. Date (month) (day) (year) of Birth <u>October 19 1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>Shoshone</u>	a. County <u>Wallace, Idaho</u>		
FATHER	6. Full Name of Father <u>Charles Finley Easton</u>			7. State or Country of Father's Birth <u>Michigan</u>		
MOTHER	8. Full Maiden Name of Mother <u>Ada McClellan Hamilton</u>			9. State or Country of Mother's Birth <u>Maine</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Edwin Hamilton Easton</u>		11. Present Address of Registrant <u>3917 Silver Beach Ave. Bellingham, Washington</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>September 30 1960</u>			12. Signature of Notary <u>W. L. Fisher</u>		13. Notary Commission expires <u>August 30 1962</u>
APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1-	Type of Document <u>Social Security Record</u>		By whom issued and signed <u>Treasury Department</u>		Date issued <u>-----</u>	Date Orig. Entry <u>Aug. 29, 1945</u>
	Date of Birth <u>Oct. 19, 1897</u>	Birth Place <u>Wallace, Idaho</u>	Full Name of Mother <u>Addie -----</u>		Name of Father <u>Charles Finley Easton</u>	
SUPPORTING RECORD 2-	Type of Document <u>copy of own child's birth certificate</u>		By whom issued and signed <u>State of Washington, M. Deane Seeger, Bellingham City Comp.</u>		Date issued <u>Sept. 8, 1942</u>	Date Orig. Entry <u>child born July 17, 1920</u>
	Date of Birth <u>age 22</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>	
SUPPORTING RECORD 3-	Type of Document <u>Statement regarding selective service records</u>		By whom issued and signed <u>Selective Service System, Robert H. Myers, Capt. Admin. Off.</u>		Date issued <u>June 16, 1960</u>	Date Orig. Entry <u>registered Feb. 16, 1942</u>
	Date of Birth <u>age 44</u>	Birth Place <u>Wallace, Idaho</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. L. Fisher</u>		Evidence reviewed by <u>Penny L. Wing</u>			Date Filed <u>Oct. 3, 1960</u>



259-224-008-249

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De60-910

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Leetha Syrena Bernison</i>				2. Date (month) (day) (year) Of Birth <i>Sept. 24 1897</i>		
	3. Color or Race <i>white</i>	4. Sex	5. Place of Birth <i>Idaho</i>		6. City or Town of Birth <i>Placerville</i>		
FATHER	6. Full Name of Father <i>Hans Bernison</i>				7. State or Country of Father's Birth <i>Norway</i>		
MOTHER	8. Full Maiden Name of Mother <i>Syrena Alice Smidt</i>				9. State or Country of Mother's Birth <i>Denmark</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Leetha S. Mason</i>		11. Present Address of Registrant <i>1624-24<sup>th</sup> and Longview Wash.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 25<sup>th</sup> 1960</i>				12. Signature of Notary <i>David B. Hallin</i>		13. Notary Commission expires <i>April 25, 1961</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Certified statement from county regarding marriage record		By whom issued and signed Canyon County, Idaho	Date issued July 18, 1960	Date Orig. Entry June 6, 1923
	Date of Birth age 25	Birth Place Placerville, Idaho	Full Name of Mother --	Name of Father --	
SUPPORTING RECORD 2-	Type of Document affidavit by aunt		By whom issued and signed Mrs. Ida Smidt	Date issued --	Date Orig. Entry July 27, 1960
	Date of Birth Sept. 24, 1897	Birth Place Placerville, Idaho	Full Name of Mother Syrena Alice Smidt	Name of Father Hans Bernison	
SUPPORTING RECORD 3-	Type of Document statement regarding hospital records		By whom issued and signed St. Vincent's Hospital, Mrs. R.D. Benson, ledger clerk	Date issued Oct. 14, 1960	Date Orig. Entry admitted Apr. 4, 1947
	Date of Birth Sept. 24, 1897	Birth Place Idaho	Full Name of Mother Syrena Smidt	Name of Father Hans Bernston	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

*W. W. Benson*Evidence reviewed by  
la

Penny L. Wing

Date Filed

Oct. 19, 1960





819-224-031-391

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-936

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Lenorah Uleula Harbke</b>				2. Date (month) (day) (year) Of Birth <b>August 24 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Lewis County</b>	a. County	b. City or Town of Birth <b>Nezperce, Idaho</b>		
FATHER	6. Full Name of Father <b>Andrew F. Harbke</b>				7. State or Country of Father's Birth <b>Illinois</b>		
MOTHER	8. Full Maiden Name of Mother <b>Anna Louisa Crawford</b>				9. State or Country of Mother's Birth <b>Oregon</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lenorah E. Thompson</i>		11. Present Address of Registrant <b>Nezperce, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>14<sup>th</sup> Oct. 1960</i>				12. Signature of Notary <i>Paul H. Hill</i>		13. Notary Commission expires <i>Jan 20 1963</i>
APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document statement regarding marriage records		By whom issued and signed <b>W. R. Emerson, Lewis County recorder</b>		Date issued <b>Sept. 21, 1960</b>	Date Orig. Entry <b>Dec. 24, 1919</b>	
	Date of Birth age 22	Birth Place ----	Full Name of Mother -----		Name of Father -----		
SUPPORTING RECORD 2.	Type of Document Statement regarding election registration records		By whom issued and signed <b>W. R. Emerson, Lewis County recorder</b>		Date issued <b>Sept. 21 1960</b>	Date Orig. Entry <b>July 17, 1926</b>	
	Date of Birth age 28	Birth Place <b>Idaho</b>	Full Name of Mother ----		Name of Father -----		
SUPPORTING RECORD 3.	Type of Document affidavit by father		By whom issued and signed <b>Andrew F. Harbke</b>		Date issued <b>Aug. 20, 1959</b>	Date Orig. Entry -----	
	Date of Birth <b>Aug. 24, 1897</b>	Birth Place <b>Nezperce, Idaho</b>	Full Name of Mother <b>Anna Louisa Crawford</b>		Name of Father <b>Andrew F. Harbke</b>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <i>W. H. Benson</i>			Evidence reviewed by <b>Penny L. Wing</b>		Date Filed <b>Oct. 25, 1960</b>	



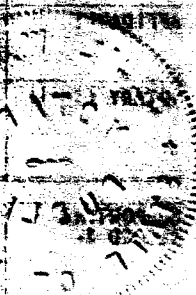
OCT 25 1960

STATE OF IOWA

DEPARTMENT OF HEALTH

STATE OF IOWA

1. Name of child		2. Sex		3. Date of birth		4. Time of birth		5. Place of birth		6. Name of mother		7. Name of father		8. Date of marriage		9. Date of birth of mother		10. Date of birth of father		11. Name of physician		12. Name of hospital		13. Name of doctor		14. Name of nurse		15. Name of midwife		16. Name of other attendant		17. Name of registrar		18. Name of clerk		19. Name of stenographer		20. Name of typewriter		21. Name of printer		22. Name of binder		23. Name of folder		24. Name of envelope		25. Name of stamp		26. Name of postmark		27. Name of cancellation		28. Name of receipt		29. Name of acknowledgment		30. Name of return		31. Name of delivery		32. Name of collection		33. Name of payment		34. Name of interest		35. Name of dividend		36. Name of profit		37. Name of loss		38. Name of expense		39. Name of income		40. Name of asset		41. Name of liability		42. Name of equity		43. Name of debt		44. Name of credit		45. Name of balance		46. Name of total		47. Name of net		48. Name of gross		49. Name of operating		50. Name of non-operating		51. Name of before-tax		52. Name of after-tax		53. Name of pretax		54. Name of posttax		55. Name of pre-tax		56. Name of post-tax		57. Name of pre-tax		58. Name of post-tax		59. Name of pre-tax		60. Name of post-tax		61. Name of pre-tax		62. Name of post-tax		63. Name of pre-tax		64. Name of post-tax		65. Name of pre-tax		66. Name of post-tax		67. Name of pre-tax		68. Name of post-tax		69. Name of pre-tax		70. Name of post-tax		71. Name of pre-tax		72. Name of post-tax		73. Name of pre-tax		74. Name of post-tax		75. Name of pre-tax		76. Name of post-tax		77. Name of pre-tax		78. Name of post-tax		79. Name of pre-tax		80. Name of post-tax		81. Name of pre-tax		82. Name of post-tax		83. Name of pre-tax		84. Name of post-tax		85. Name of pre-tax		86. Name of post-tax		87. Name of pre-tax		88. Name of post-tax		89. Name of pre-tax		90. Name of post-tax		91. Name of pre-tax		92. Name of post-tax		93. Name of pre-tax		94. Name of post-tax		95. Name of pre-tax		96. Name of post-tax		97. Name of pre-tax		98. Name of post-tax		99. Name of pre-tax		100. Name of post-tax	
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*Handwritten signature and notes in the bottom right corner of the form.*

266-219-010-553

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De60-985

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Florence Virginia Bowman				2. Date (month) (day) (year) Of Birth May 19 1897			
	3. Color or Race White	4. Sex F	5. Place of Birth Idaho		a. County Bonnevillle b. City or Town of Birth Idaho Falls,			
FATHER	6. Full Name of Father Eric Bowman				7. State or Country of Father's Birth Sweden			
MOTHER	8. Full Maiden Name of Mother Betty Nelson				9. State or Country of Mother's Birth Sweden			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mrs. C. R. Dick</i>		11. Present Address of Registrant 2079 Oak St. Eugene, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Sept 10 1960</i>				12. Signature of Notary <i>F. L. Huber</i>		13. Notary Commission expires <i>Jan. 3, 1964</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document statement regarding Oregon school records		By whom issued and signed William R. Woodie, Lane County Oregon, Eugene, Oregon, Supt.		Date issued Feb. 19, 1960	Date Orig. Entry school census Nov. 25, 1911
	Date of Birth age 14	Birth Place -----	Full Name of Mother -----		Name of Father Erick Bowman	
SUPPORTING RECORD 2.	Type of Document copy of own child's birth certificate		By whom issued and signed Oregon #303		Date issued Feb. 26, 1960	Date Orig. Entry child born July 26, 1918
	Date of Birth age 21	Birth Place Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document affidavit by relative		By whom issued and signed John E. Cunningham age 75		Date issued Oct. 24, 1960	Date Orig. Entry -----
	Date of Birth May 19, 1897	Birth Place Idaho Falls, Ida.	Full Name of Mother Betty Bowman		Name of Father Eric Bowman	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by PW Penny L. Wing	Date Filed Nov. 9, 1960

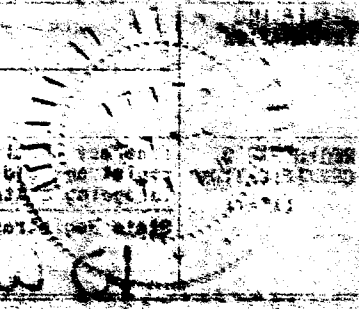
NOV 9 1961

DELETED CERTIFICATE OF BIRTH  
STATE OF IOWA

1. Name of child	2. Date of birth	3. Place of birth	4. Sex	5. Race	6. Color	7. Height	8. Weight	9. Eyes	10. Hair	11. Skin	12. Signature of parent	13. Date of registration	14. Registrar
1. Name of child	2. Date of birth	3. Place of birth	4. Sex	5. Race	6. Color	7. Height	8. Weight	9. Eyes	10. Hair	11. Skin	12. Signature of parent	13. Date of registration	14. Registrar



1. Name of child	2. Date of birth	3. Place of birth	4. Sex	5. Race	6. Color	7. Height	8. Weight	9. Eyes	10. Hair	11. Skin	12. Signature of parent	13. Date of registration	14. Registrar
1. Name of child	2. Date of birth	3. Place of birth	4. Sex	5. Race	6. Color	7. Height	8. Weight	9. Eyes	10. Hair	11. Skin	12. Signature of parent	13. Date of registration	14. Registrar



1. Name of child	2. Date of birth	3. Place of birth	4. Sex	5. Race	6. Color	7. Height	8. Weight	9. Eyes	10. Hair	11. Skin	12. Signature of parent	13. Date of registration	14. Registrar
1. Name of child	2. Date of birth	3. Place of birth	4. Sex	5. Race	6. Color	7. Height	8. Weight	9. Eyes	10. Hair	11. Skin	12. Signature of parent	13. Date of registration	14. Registrar

693-227-041-652

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-987

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth MAUD WILSON			2. Date (month) (day) (year) Of Birth JULY 27 1897		
	3. Color or Race white	4. Sex female	5. Place of Birth a. County TETON		b. City or Town of Birth VICTOR	
FATHER	6. Full Name of Father WILLIAM WILSON			7. State or Country of Father's Birth ENGLAND		
MOTHER	8. Full Maiden Name of Mother ELIZABETH VIOLATE WEBB			9. State or Country of Mother's Birth UTAH		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Maud Wilson Taylor</i>		11. Present Address of Registrant Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on November 4, 1960			12. Signature of Notary <i>MT Merier</i>		13. Notary Commission expires October 14, 1963

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Insurance Policy		By whom issued and signed Beneficial Life Insurance Co		Date issued -----	Date Orig. Entry July 27, 1918
	Date of Birth July 27, 1897	Birth Place Victor, Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2-	Type of Document statement regarding church records		By whom issued and signed LDS Church, Rexburg 5th Ward Ralph E. Weatherston, clerk		Date issued Nov. 6, 1960	Date Orig. Entry baptized Nov. 4, 1905
	Date of Birth July 27, 1897	Birth Place Teton County Victor, Idaho	Full Name of Mother Elizabeth V. Webb		Name of Father William Wilson	
SUPPORTING RECORD 3-	Type of Document own child's birth certificate		By whom issued and signed Idaho #130229		Date issued -----	Date Orig. Entry child born Feb. 7, 1925
	Date of Birth age 27	Birth Place Victor, Idaho	Full Name of Mother -----		Name of Father -----	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by <i>Penny L. Wing</i>	Date Filed Nov. 9, 1960

# DEPARTMENT OF HEALTH, EDUCATION AND WELFARE BUREAU OF VITAL STATISTICS

NOV 9 1960

NOV 25 1960

<p>1. Name of child at birth</p>		<p>2. Sex of child</p>		<p>3. Date of birth</p>		<p>4. Time of birth</p>		<p>5. Place of birth</p>		<p>6. Name of mother</p>		<p>7. Name of father</p>		<p>8. Name of informant</p>	
<p>9. Signature of informant</p>		<p>10. Signature of registrar</p>		<p>11. Signature of physician</p>		<p>12. Signature of midwife</p>		<p>13. Signature of nurse</p>		<p>14. Signature of other</p>		<p>15. Signature of other</p>		<p>16. Signature of other</p>	
<p>17. Date of registration</p>		<p>18. Date of filing</p>		<p>19. Date of filing</p>		<p>20. Date of filing</p>		<p>21. Date of filing</p>		<p>22. Date of filing</p>		<p>23. Date of filing</p>		<p>24. Date of filing</p>	
<p>25. Date of filing</p>		<p>26. Date of filing</p>		<p>27. Date of filing</p>		<p>28. Date of filing</p>		<p>29. Date of filing</p>		<p>30. Date of filing</p>		<p>31. Date of filing</p>		<p>32. Date of filing</p>	
<p>33. Date of filing</p>		<p>34. Date of filing</p>		<p>35. Date of filing</p>		<p>36. Date of filing</p>		<p>37. Date of filing</p>		<p>38. Date of filing</p>		<p>39. Date of filing</p>		<p>40. Date of filing</p>	
<p>41. Date of filing</p>		<p>42. Date of filing</p>		<p>43. Date of filing</p>		<p>44. Date of filing</p>		<p>45. Date of filing</p>		<p>46. Date of filing</p>		<p>47. Date of filing</p>		<p>48. Date of filing</p>	
<p>49. Date of filing</p>		<p>50. Date of filing</p>		<p>51. Date of filing</p>		<p>52. Date of filing</p>		<p>53. Date of filing</p>		<p>54. Date of filing</p>		<p>55. Date of filing</p>		<p>56. Date of filing</p>	
<p>57. Date of filing</p>		<p>58. Date of filing</p>		<p>59. Date of filing</p>		<p>60. Date of filing</p>		<p>61. Date of filing</p>		<p>62. Date of filing</p>		<p>63. Date of filing</p>		<p>64. Date of filing</p>	
<p>65. Date of filing</p>		<p>66. Date of filing</p>		<p>67. Date of filing</p>		<p>68. Date of filing</p>		<p>69. Date of filing</p>		<p>70. Date of filing</p>		<p>71. Date of filing</p>		<p>72. Date of filing</p>	
<p>73. Date of filing</p>		<p>74. Date of filing</p>		<p>75. Date of filing</p>		<p>76. Date of filing</p>		<p>77. Date of filing</p>		<p>78. Date of filing</p>		<p>79. Date of filing</p>		<p>80. Date of filing</p>	
<p>81. Date of filing</p>		<p>82. Date of filing</p>		<p>83. Date of filing</p>		<p>84. Date of filing</p>		<p>85. Date of filing</p>		<p>86. Date of filing</p>		<p>87. Date of filing</p>		<p>88. Date of filing</p>	
<p>89. Date of filing</p>		<p>90. Date of filing</p>		<p>91. Date of filing</p>		<p>92. Date of filing</p>		<p>93. Date of filing</p>		<p>94. Date of filing</p>		<p>95. Date of filing</p>		<p>96. Date of filing</p>	
<p>97. Date of filing</p>		<p>98. Date of filing</p>		<p>99. Date of filing</p>		<p>100. Date of filing</p>		<p>101. Date of filing</p>		<p>102. Date of filing</p>		<p>103. Date of filing</p>		<p>104. Date of filing</p>	
<p>105. Date of filing</p>		<p>106. Date of filing</p>		<p>107. Date of filing</p>		<p>108. Date of filing</p>		<p>109. Date of filing</p>		<p>110. Date of filing</p>		<p>111. Date of filing</p>		<p>112. Date of filing</p>	
<p>113. Date of filing</p>		<p>114. Date of filing</p>		<p>115. Date of filing</p>		<p>116. Date of filing</p>		<p>117. Date of filing</p>		<p>118. Date of filing</p>		<p>119. Date of filing</p>		<p>120. Date of filing</p>	
<p>121. Date of filing</p>		<p>122. Date of filing</p>		<p>123. Date of filing</p>		<p>124. Date of filing</p>		<p>125. Date of filing</p>		<p>126. Date of filing</p>		<p>127. Date of filing</p>		<p>128. Date of filing</p>	
<p>129. Date of filing</p>		<p>130. Date of filing</p>		<p>131. Date of filing</p>		<p>132. Date of filing</p>		<p>133. Date of filing</p>		<p>134. Date of filing</p>		<p>135. Date of filing</p>		<p>136. Date of filing</p>	
<p>137. Date of filing</p>		<p>138. Date of filing</p>		<p>139. Date of filing</p>		<p>140. Date of filing</p>		<p>141. Date of filing</p>		<p>142. Date of filing</p>		<p>143. Date of filing</p>		<p>144. Date of filing</p>	
<p>145. Date of filing</p>		<p>146. Date of filing</p>		<p>147. Date of filing</p>		<p>148. Date of filing</p>		<p>149. Date of filing</p>		<p>150. Date of filing</p>		<p>151. Date of filing</p>		<p>152. Date of filing</p>	
<p>153. Date of filing</p>		<p>154. Date of filing</p>		<p>155. Date of filing</p>		<p>156. Date of filing</p>		<p>157. Date of filing</p>		<p>158. Date of filing</p>		<p>159. Date of filing</p>		<p>160. Date of filing</p>	
<p>161. Date of filing</p>		<p>162. Date of filing</p>		<p>163. Date of filing</p>		<p>164. Date of filing</p>		<p>165. Date of filing</p>		<p>166. Date of filing</p>		<p>167. Date of filing</p>		<p>168. Date of filing</p>	
<p>169. Date of filing</p>		<p>170. Date of filing</p>		<p>171. Date of filing</p>		<p>172. Date of filing</p>		<p>173. Date of filing</p>		<p>174. Date of filing</p>		<p>175. Date of filing</p>		<p>176. Date of filing</p>	
<p>177. Date of filing</p>		<p>178. Date of filing</p>		<p>179. Date of filing</p>		<p>180. Date of filing</p>		<p>181. Date of filing</p>		<p>182. Date of filing</p>		<p>183. Date of filing</p>		<p>184. Date of filing</p>	
<p>185. Date of filing</p>		<p>186. Date of filing</p>		<p>187. Date of filing</p>		<p>188. Date of filing</p>		<p>189. Date of filing</p>		<p>190. Date of filing</p>		<p>191. Date of filing</p>		<p>192. Date of filing</p>	
<p>193. Date of filing</p>		<p>194. Date of filing</p>		<p>195. Date of filing</p>		<p>196. Date of filing</p>		<p>197. Date of filing</p>		<p>198. Date of filing</p>		<p>199. Date of filing</p>		<p>200. Date of filing</p>	

285108-025-396

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-1098

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>NEIL SHERWIN (NMN)</b>		2. Date (month) (day) (year) <b>May 8 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Grangeville, Idaho</b>	6. City or Town of Birth <b>Grangeville, Idaho</b>
FATHER	6. Full Name of Father <b>Perry Edward Sherwin</b>		7. State or Country of Father's Birth <b>United States</b>	
MOTHER	8. Full Maiden Name of Mother <b>Alice Crooks</b>		9. State or Country of Mother's Birth <b>United States</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Neil Sherwin</i>	11. Present Address of Registrant <b>326 1/2 Central Ave. Salinas, California.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>May 6 1960</b>		12. Signature of Notary <i>Geary S. Bennett</i> <b>Residing at Salinas, Cal.</b>	13. Notary Commission expires <b>Sept 21 1963</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Statement re-birth notice in newspaper Idaho County Free Press</b>		By whom issued and signed <b>John L. Olmsted, Co-publisher Idaho County Free Press</b>		Date issued <b>Dec 17, 1958</b>	Date Orig. Entry <b>May 14, 1897</b>
	Date of Birth <b>May 8, 1897</b>	Birth Place <b>Grangeville, Idaho</b>	Full Name of Mother <b>Mrs. Pell Sherwin</b>		Name of Father <b>Pell Sherwin</b>	
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by Cousin, Age 78</b>		By whom issued and signed <b>Martha C. Wyatt</b>		Date issued <b>Aug 28, 1958</b>	Date Orig. Entry <b>---</b>
	Date of Birth <b>May 8, 1897</b>	Birth Place <b>Grangeville, Idaho Idaho County</b>	Full Name of Mother <b>Alice Crooks</b>		Name of Father <b>Perry Edward Sherwin</b>	
SUPPORTING RECORD 3.	Type of Document <b>Census Record</b>		By whom issued and signed <b>Bureau of the Census</b>		Date issued <b>Dec. 15, 1960</b>	Date Orig. Entry <b>June 1, 1900</b>
	Date of Birth <b>May 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>C-----</b>		Name of Father <b>-----</b>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>bf Penny L. Wing</b> Date Filed <b>Dec. 27, 1960</b>



DELAYED CERTIFICATION OF BIRTH  
STATE OF IDAHO

State File No. De61-037  
Local File No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Willett Linkle Blomquist</u>				2. Date of Birth (month) (day) (year) <u>Jan. 10 1897</u>	
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth a. County <u>Benewah</u>		b. City or Town of Birth <u>Sanders, Idaho</u>	
FATHER	6. Full Name of Father <u>Frank Ludvig Blomquist</u>				7. State or Country of Father's Birth <u>Sweden</u>	
MOTHER	8. Full Maiden Name of Mother <u>Ruby Jane Taylor</u>				9. State or Country of Mother's Birth <u>Iowa</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Willett Blomquist</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Jan 10 1961</u>				11. Present Address of Registrant <u>452-8<sup>th</sup> Ave Merle Park California</u>	
	12. Signature of Notary <u>Andrew Stewart</u>				13. Notary Commission expires <u>Nov 4, 1961</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>own child's birth certificate</u>		By whom issued and signed <u>Idaho #164110</u>		Date issued <u>-----</u>
	Date of Birth <u>age 31</u>	Birth Place <u>Sanders, Idaho</u>	Full Name of Mother <u>-----</u>		Date Orig. Entry <u>child born June 14, 1928</u>
SUPPORTING RECORD 2.	Type of Document <u>Photocopy of Family Bible record</u>		By whom issued and signed <u>Andrew Stewart, Notary Public</u>		Date issued <u>Jan. 6, 1961</u>
	Date of Birth <u>Jan. 10, 1897</u>	Birth Place <u>-----</u>	Full Name of Mother <u>Ruby Jane Taylor</u>		Date Orig. Entry <u>obviously old</u>
SUPPORTING RECORD 3.	Type of Document <u>Marriage License affidavit</u>		By whom issued and signed <u>Benewah, County, Idaho, C.G. Crowell, Co. Recorder</u>		Date issued <u>May 26, 1954</u>
	Date of Birth <u>age 27</u>	Birth Place <u>-----</u>	Full Name of Mother <u>-----</u>		Date Orig. Entry <u>Oct. 9, 1924</u>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benewah</u>		Evidence reviewed by <u>Penny L. Wing</u>		Date Filed <u>Jan. 16, 1961</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



JAN 20 1961

DECLARATION OF BIRTH

DATE OF BIRTH

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

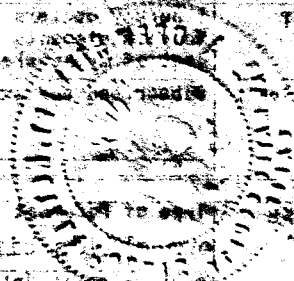
NAME OF CHILD

DATE OF BIRTH

PLACE OF BIRTH

NAME OF FATHER

NAME OF MOTHER



QUALIFYING INFORMATION

CERTIFICATION

DATE OF BIRTH

NAME OF FATHER

NAME OF MOTHER

Signature of official

313-116-020-766

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Hill Hugh Callaway</i>				2. Date (month) (day) (year) Of Birth <i>May 16 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Mtn Home, Ida.</i>	a. County <i>Elmore</i>	b. City or Town of Birth <i>Mtn. Home</i>	
FATHER	6. Full Name of Father <i>William Saunders Callaway</i>				7. State or Country of Father's Birth <i>Tennessee</i>	
MOTHER	8. Full Maiden Name of Mother <i>Ida Erisson Goforth</i>				9. State or Country of Mother's Birth <i>Tennessee</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>H. H. Callaway</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 15 1961</i>				11. Present Address of Registrant <i>Big Piney Wyo</i>	
	12. Signature of Notary <i>Hazel L. Hurlbert</i>				13. Notary Commission expires <i>Sept. 28 1964</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Book of History of Elmore Co. Idaho part in World War		By whom issued and signed issued by Elmore County War Mothers		Date issued ---	Date Orig. Entry obviously old
	Date of Birth May 16, 1897	Birth Place Mountain Home	Full Name of Mother Ida Goforth Callaway		Name of Father William Callaway	
SUPPORTING RECORD 2.	Type of Document Certified copy of own child's birth cert. #1927		By whom issued and signed State of Wyoming Div. of Vital Statistics		Date issued Sept 14, 1960	Date Orig. Entry Child born June 4, 1927
	Date of Birth Age 30	Birth Place Idaho	Full Name of Mother ----		Name of Father ----	
SUPPORTING RECORD 3.	Type of Document Affidavit by Sister-age 77		By whom issued and signed Bessie Callaway Cordell		Date issued March 19 1960	Date Orig. Entry ----
	Date of Birth May 16, 1897	Birth Place Mountain Home, Idaho	Full Name of Mother Ida Goforth Callaway		Name of Father William Saunders Callaway	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Joyce B. Foltz		Date Filed Feb. 15, 1961	

FEB 16 1961

DELAID CERTIFICATE OF BIRTH  
STATE OF IDAHO

STATE OF IDAHO

1. Name of child: William Saunders Callaway  
 2. Date of birth: Feb. 15, 1960  
 3. Place of birth: Mountain Home, Idaho  
 4. Name of mother: Ida Gertrude Callaway  
 5. Name of father: William Saunders Callaway  
 6. Date of marriage: March 19, 1959  
 7. Place of marriage: Mountain Home, Idaho  
 8. Name of minister: William Saunders Callaway  
 9. Name of registrar: William Saunders Callaway  
 10. Name of hospital: Mountain Home, Idaho  
 11. Name of physician: William Saunders Callaway  
 12. Name of nurse: William Saunders Callaway  
 13. Name of midwife: William Saunders Callaway  
 14. Name of doctor: William Saunders Callaway  
 15. Name of other: William Saunders Callaway



16. Name of child: William Saunders Callaway  
 17. Date of birth: Feb. 15, 1960  
 18. Place of birth: Mountain Home, Idaho  
 19. Name of mother: Ida Gertrude Callaway  
 20. Name of father: William Saunders Callaway  
 21. Date of marriage: March 19, 1959  
 22. Place of marriage: Mountain Home, Idaho  
 23. Name of minister: William Saunders Callaway  
 24. Name of registrar: William Saunders Callaway  
 25. Name of hospital: Mountain Home, Idaho  
 26. Name of physician: William Saunders Callaway  
 27. Name of nurse: William Saunders Callaway  
 28. Name of midwife: William Saunders Callaway  
 29. Name of doctor: William Saunders Callaway  
 30. Name of other: William Saunders Callaway

31. Name of child: William Saunders Callaway  
 32. Date of birth: Feb. 15, 1960  
 33. Place of birth: Mountain Home, Idaho  
 34. Name of mother: Ida Gertrude Callaway  
 35. Name of father: William Saunders Callaway  
 36. Date of marriage: March 19, 1959  
 37. Place of marriage: Mountain Home, Idaho  
 38. Name of minister: William Saunders Callaway  
 39. Name of registrar: William Saunders Callaway  
 40. Name of hospital: Mountain Home, Idaho  
 41. Name of physician: William Saunders Callaway  
 42. Name of nurse: William Saunders Callaway  
 43. Name of midwife: William Saunders Callaway  
 44. Name of doctor: William Saunders Callaway  
 45. Name of other: William Saunders Callaway

845-222-026-385

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-149

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>EDITH L. HUNTING</b>			2. Date (month) (day) (year) Of Birth <b>SEPTEMBER 22 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>female</b>	5. Place of Birth a. County <b>JEFFERSON</b>	b. City or Town of Birth <b>MENAN</b>		
FATHER	6. Full Name of Father <b>WILLIAM HUNTING</b>			7. State or Country of Father's Birth <b>Bear Lake, Utah</b>		
MOTHER	8. Full Maiden Name of Mother <b>SUSAN CHERRY</b>			9. State or Country of Mother's Birth <b>Cottonwood, Utah</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Edith L. Hunting</i>		11. Present Address of Registrant <b>Rigby, Idaho.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>February 14th 1961</b>			12. Signature of Notary <i>Penny L. Wing</i>		13. Notary Commission expires <b>June 17th 1961</b>

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>CHURCH RECORD OF MEMBERSHIP</b>		By whom issued and signed <b>LDS Church, Rigby, 3rd Ward, Leslie R. Howe, Ward clerk</b>		Date issued <b>----</b>	Date Orig. Entry <b>baptized Aug. 31, 1907</b>
	Date of Birth <b>Sept. 22, 1897</b>	Birth Place <b>Jefferson County Menan, Idaho</b>	Full Name of Mother <b>Susan Cherry</b>		Name of Father <b>William Hunting</b>	
SUPPORTING RECORD 2.	Type of Document <b>affidavit by friend of family at time of birth</b>		By whom issued and signed <b>Elizabeth Whitman age 82</b>		Date issued <b>Feb. 14, 1961</b>	Date Orig. Entry <b>----</b>
	Date of Birth <b>Sept. 22, 1897</b>	Birth Place <b>Jefferson County Menan, Idaho</b>	Full Name of Mother <b>Susan Hunting</b>		Name of Father <b>William Hunting</b>	
SUPPORTING RECORD 3.	Type of Document <b>Insurance Policy</b>		By whom issued and signed <b>Metropolitan Life Insurance</b>		Date issued <b>Nov. 19, 1928</b>	Date Orig. Entry <b>Nov. 19, 1928</b>
	Date of Birth <b>age next birth. 32</b>	Birth Place <b>----</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by <b>pw Penny L. Wing</b>	Date Filed <b>Feb. 17, 1961</b>

**FEB 17 1961**

1950

**Figure 1**

**Abstract**

1. The first step is to identify the problem or goal. This involves understanding the current situation and what needs to be achieved.

A circular postmark from the City of London, dated 1874. The text "CITY OF LONDON" is curved along the bottom, and "1874" is at the bottom center. The words "POST OFFICE" are curved along the top. In the center, the word "LONDON" is printed horizontally, with "ENGLAND" printed below it. The date "JAN 17" is printed vertically on the left side, and "1874" is printed vertically on the right side. The postmark is slightly faded and has a textured, ink-like appearance.

\_\_\_\_\_

THE UNIVERSITY OF CHICAGO

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The logo of the National Association of Manufacturers (NAM) is located at the bottom left of the page. It features a stylized 'NAM' acronym next to the full name 'National Association of Manufacturers'.

100

\_\_\_\_\_ FBI \_\_\_\_\_

[illegible][illegible]

1. The first document is a letter from the [redacted] to the [redacted] dated [redacted]. It discusses the [redacted] and the [redacted] of the [redacted].

3月12日 星期一

НАХ 6047

962127-022-385

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>George William Rose</b>			2. Date (month) (day) (year) Of Birth <b>August 27, 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Wilford Fremont</b>	b. City or Town of Birth <b>Wilford, Idaho</b>		
FATHER	6. Full Name of Father <b>Willard Emerson Rose</b>			7. State or Country of Father's Birth <b>Ogden, Utah</b>		
MOTHER	8. Full Maiden Name of Mother <b>Annia Phillis Cherry</b>			9. State or Country of Mother's Birth <b>Hooperville, Utah</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>George William Rose</i>		11. Present Address of Registrant <b>Dubois, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>January 30, 19 61</b>			12. Signature of Notary <i>[Signature]</i>		13. <del>Notary Commission Expires</del> Clerk of the District Court <b>Clark County, Idaho 19</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Marriage Record</b>		By whom issued and signed <b>Cache County Utah, Iver L. Larsen, clerk</b>		Date Issued <b>Jan. 31, 1961</b>	Date Orig. Entry <b>June 15, 1927</b>
	Date of Birth <b>age 29</b>	Birth Place <b>-----</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 2.	Type of Document <b>statement regarding church records</b>		By whom issued and signed <b>Beaver Creek Ward, Wanda Willis Ward Clerk, LDS church</b>		Date Issued <b>Jan. 30, 1961</b>	Date Orig. Entry <b>baptized Aug. 31, 1907</b>
	Date of Birth <b>Aug. 27, 1897</b>	Birth Place <b>Fremont County Wilford, Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 3.	Type of Document <b>Church birth Certificate</b>		By whom issued and signed <b>LDS Church, Menen Ward, Joseph F. Smith, historian</b>		Date Issued <b>Mar. 7, 1961</b>	Date Orig. Entry <b>recorded Sept. 1, 1907</b>
	Date of Birth <b>Aug. 27, 1897</b>	Birth Place <b>Fremont County Willford, Idaho</b>	Full Name of Mother <b>Phyllis Cherry</b>		Name of Father <b>Willard Emerson Rose</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. Benson</i>			Evidence reviewed by <b>PW Penny L. Wing</b>		Date Filed <b>March 9, 1961</b>

STATE OF TEXAS  
DEPARTMENT OF HEALTH

MAR 9 1961

<p>NAME: <u>William Jones</u></p>		<p>DATE OF BIRTH: <u>1927</u></p>	
<p>PLACE OF BIRTH: <u>Chicago, Illinois</u></p>		<p>DATE OF DEATH: <u>1957</u></p>	
<p>CAUSE OF DEATH: <u>Cherry</u></p>		<p>PLACE OF DEATH: <u>Chicago, Illinois</u></p>	
<p>SEX: <u>Male</u></p>		<p>HEIGHT: <u>5' 10"</u></p>	
<p>WEIGHT: <u>170 lbs</u></p>		<p>HAIR: <u>Brown</u></p>	
<p>EYES: <u>Blue</u></p>		<p>SKIN: <u>Fair</u></p>	
<p>EDUCATION: <u>High School</u></p>		<p>OCCUPATION: <u>None</u></p>	
<p>RELIGION: <u>None</u></p>		<p>SMOKING: <u>None</u></p>	
<p>ALCOHOL: <u>None</u></p>		<p>DRUGS: <u>None</u></p>	
<p>DIET: <u>None</u></p>		<p>EXERCISE: <u>None</u></p>	
<p>ALLERGIES: <u>None</u></p>		<p>PREVIOUS ILLNESSES: <u>None</u></p>	
<p>TESTS: <u>None</u></p>		<p>OPINION: <u>None</u></p>	
<p>SIGNATURE: <u>[Signature]</u></p>		<p>DATE: <u>1957</u></p>	



Rose

1-22-61

619-214-003-396

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>LILLIE VALE FARRELL</b>				2. Date (month) (day) (year) Of Birth <b>JAN 14 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>F</b>	5. Place of Birth a. County <b>IDAHO BANNOCK CO</b>		b. City or Town of Birth <b>OXFORD</b>		
FATHER	6. Full Name of Father <b>GEORGE LIONEL FARRELL</b>				7. State or Country of Father's Birth <b>ENG HEWELS FIELD GLOUCESTERSHIRE</b>		
MOTHER	8. Full Maiden Name of Mother <b>MARY ELIZABETH CROSHAW</b>				9. State or Country of Mother's Birth <b>WILLIAMSBURG NEW YORK</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lillie F Hansen</i>		11. Present Address of Registrant <i>Smithfield, Utah</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 9<sup>th</sup> 1961</i>				12. Signature of Notary <i>Olson Read</i>		13. Notary Commission expires <i>2-10-62 19</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Certificate of Blessing</b>		By whom issued and signed <b>IDS Church, Smithfield Stake Denton H. Coleman, Clerk</b>		Date Issued <b>Jan. 28, 1961</b>	Date Orig. Entry <b>blessed Jan. 22, 1897</b>
	Date of Birth <b>Jan. 14, 1897</b>	Birth Place <b>Bannock County Oxford, Idaho</b>	Full Name of Mother <b>Mary E. Croshaw</b>		Name of Father <b>George L. Farrell</b>	
SUPPORTING RECORD 2.	Type of Document <b>Social Security Record</b>		By whom issued and signed <b>Treasury Department</b>		Date Issued <b>-----</b>	Date Orig. Entry <b>July 6, 193-</b>
	Date of Birth <b>Jan. 14, 1897</b>	Birth Place <b>Oxford, Idaho</b>	Full Name of Mother <b>Mary Elizabeth Croshaw</b>		Name of Father <b>George Lioniel Farrell</b>	
SUPPORTING RECORD 3.	Type of Document <b>affidavit by aunt age 81</b>		By whom issued and signed <b>May Belle Fisher Croshaw</b>		Date Issued <b>Mar. 9, 1961</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>Jan. 14, 1897</b>	Birth Place <b>Bannock County Oxford, Idaho</b>	Full Name of Mother <b>Mary Elizabeth Croshaw</b>		Name of Father <b>George Lioniel Farrell</b>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
*W. W. Be...*

Evidence reviewed by

Penny L. Wing

Date Filed

March 15, 1961



MAR 15 1961

Lillie E. Hansen

NAME	Lillie E. Hansen
DATE OF BIRTH	1911
PLACE OF BIRTH	State of Idaho
DATE OF DEATH	
PLACE OF DEATH	
DATE OF BURIAL	
PLACE OF BURIAL	
DATE OF INTERMENT	
PLACE OF INTERMENT	
DATE OF CREMATION	
PLACE OF CREMATION	
DATE OF REINTERMENT	
PLACE OF REINTERMENT	
DATE OF REINTERMENT	
PLACE OF REINTERMENT	



NAME	Lillie E. Hansen
DATE OF BIRTH	1911
PLACE OF BIRTH	State of Idaho
DATE OF DEATH	
PLACE OF DEATH	
DATE OF BURIAL	
PLACE OF BURIAL	
DATE OF INTERMENT	
PLACE OF INTERMENT	
DATE OF CREMATION	
PLACE OF CREMATION	
DATE OF REINTERMENT	
PLACE OF REINTERMENT	
DATE OF REINTERMENT	
PLACE OF REINTERMENT	



NAME	Lillie E. Hansen
DATE OF BIRTH	1911
PLACE OF BIRTH	State of Idaho
DATE OF DEATH	
PLACE OF DEATH	
DATE OF BURIAL	
PLACE OF BURIAL	
DATE OF INTERMENT	
PLACE OF INTERMENT	
DATE OF CREMATION	
PLACE OF CREMATION	
DATE OF REINTERMENT	
PLACE OF REINTERMENT	
DATE OF REINTERMENT	
PLACE OF REINTERMENT	

623-203-016-415

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth				2. Date (month) (day) (year) Of Birth November 3 1897	
	LILLIE LORENA OSTERHOUT				b. City or Town of Birth Connor Creek (Elba Ward)	
FATHER	3. Color or Race	4. Sex	5. Place of Birth		7. State or Country of Father's Birth	
	white	female	Cassia		Willard, Utah	
MOTHER	6. Full Name of Father				9. State or Country of Mother's Birth	
	Thomas Osterhout				Salmon City, Idaho	
AFIDAVIT	8. Full Maiden Name of Mother				11. Present Address of Registrant	
	Lillie Manfull				Paul & Ida Ray 496	
NOTARY (Seal)	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant	
	Subscribed and sworn to before me on April 17 1961				12. Signature of Notary	
				13. Notary Commission expires March 10, 1965		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

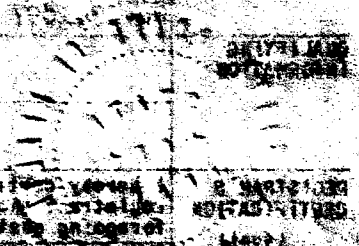
SUPPORTING RECORD 1-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Social Security Record		Treasury Department		-----	June 7, 1941
SUPPORTING RECORD 2-	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Nov. 3, 1897	Cassia County Elba, Idaho	Lillie Manfull		Thomas Osterhout	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	affidavit by friend of family		James D. Jones born 1880		Jan. 27, 1961	-----
SUPPORTING RECORD 3-	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Nov. 3, 1897	-----	-----		Thomas Osterhout	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	own child's hospital birth certificate		Jones Maternity Home, Rupert, Idaho, Eva M. Jones, Supt.		Dec. 24, 1943	child born Dec. 24, 1943
SUPPORTING RECORD 3-	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Nov. 3, 1897	Elba, Idaho	-----		-----	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by	Date Filed
	W. W. Benson	PW Penny L. Wing	May 5, 1961

MAY 5 1961

DELAWARE CERTIFICATE OF BIRTH

Date of Birth May 5, 1961		Place of Birth Wilmington, Delaware		Name of Mother Mary Jane Smith		Name of Father John Doe	
Date of Registration May 5, 1961		Place of Registration Wilmington, Delaware		Name of Registrar [Signature]		Name of County Delaware	
Date of Issuance May 5, 1961		Place of Issuance Wilmington, Delaware		Name of Issuer [Signature]		Name of State Delaware	
Date of Entry May 5, 1961		Place of Entry Wilmington, Delaware		Name of Entry Clerk [Signature]		Name of City Wilmington	
Date of Filing May 5, 1961		Place of Filing Wilmington, Delaware		Name of Filing Clerk [Signature]		Name of County Delaware	
Date of Recording May 5, 1961		Place of Recording Wilmington, Delaware		Name of Recording Clerk [Signature]		Name of State Delaware	
Date of Issuance May 5, 1961		Place of Issuance Wilmington, Delaware		Name of Issuer [Signature]		Name of State Delaware	
Date of Entry May 5, 1961		Place of Entry Wilmington, Delaware		Name of Entry Clerk [Signature]		Name of City Wilmington	
Date of Filing May 5, 1961		Place of Filing Wilmington, Delaware		Name of Filing Clerk [Signature]		Name of County Delaware	
Date of Recording May 5, 1961		Place of Recording Wilmington, Delaware		Name of Recording Clerk [Signature]		Name of State Delaware	



88888

867-203-004-867

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61- 504

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>May Hoppert</i>					2. Date (month) (day) (year) Of Birth <i>Dec.</i> <i>3.</i> <i>1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Paris Bear Lake Co. Idaho</i>	a. County <i>Paris</i>	b. City or Town of Birth <i>Paris</i>			
FATHER	6. Full Name of Father <i>Fredrick Hoppert</i>					7. State or Country of Father's Birth <i>Germany</i>		
MOTHER	8. Full Maiden Name of Mother <i>Marie Agle Hoppert</i>					9. State or Country of Mother's Birth <i>Switzerland</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>May Hoppert S Dodge</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>September 27, 1960</i>					11. Present Address of Registrant <i>Star R1 Montpelier, Idaho</i>		
	12. Signature of Notary <i>Ruth Aland</i>					13. Notary Commission expires <i>March 6, 1964</i>		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>The Prudential Insurance Co.</i>		Date Issued <i>Aug. 22, 1923</i>	Date Orig. Entry <i>Aug. 13, 1923</i>
	Date of Birth <i>Dec. 3, 1897</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>-----</i>		Name of Father <i>-----</i>	
SUPPORTING RECORD 2-	Type of Document <i>affidavit by mother</i>		By whom issued and signed <i>Marie Hoppert Beck</i>		Date Issued <i>June 6, 1961</i>	Date Orig. Entry <i>-----</i>
	Date of Birth <i>Dec. 3, 1897</i>	Birth Place <i>Bear Lake County Paris, Idaho</i>	Full Name of Mother <i>Marie Hoppert</i>		Name of Father <i>Frederick Hoppert</i>	
SUPPORTING RECORD 3-	Type of Document <i>Marriage license affidavit</i>		By whom issued and signed <i>Bear Lake County, Idaho, Sam V. Tunks, recorder</i>		Date Issued <i>May 31, 1961</i>	Date Orig. Entry <i>Apr. 18, 1974</i>
	Date of Birth <i>age 16</i>	Birth Place <i>----</i>	Full Name of Mother <i>Mrs. J. P. Beck</i>		Name of Father <i>-----</i>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. A. Benson</i>		Evidence reviewed by <i>Penny L. Wing</i>		Date Filed <i>June 12, 1961</i>	

JUN 12 1961

DELAWARE STATE OF BIRTH

1. Name of child at birth		2. Date of birth		3. Place of birth	
4. Sex of child		5. Race of child		6. Religion of child	
7. Name of mother		8. Date of birth of mother		9. Place of birth of mother	
10. Name of father		11. Date of birth of father		12. Place of birth of father	
13. Name of child at age 5		14. Date of birth of child at age 5		15. Place of birth of child at age 5	
16. Name of child at age 10		17. Date of birth of child at age 10		18. Place of birth of child at age 10	
19. Name of child at age 15		20. Date of birth of child at age 15		21. Place of birth of child at age 15	
22. Name of child at age 20		23. Date of birth of child at age 20		24. Place of birth of child at age 20	
25. Name of child at age 25		26. Date of birth of child at age 25		27. Place of birth of child at age 25	
28. Name of child at age 30		29. Date of birth of child at age 30		30. Place of birth of child at age 30	
31. Name of child at age 35		32. Date of birth of child at age 35		33. Place of birth of child at age 35	
34. Name of child at age 40		35. Date of birth of child at age 40		36. Place of birth of child at age 40	
37. Name of child at age 45		38. Date of birth of child at age 45		39. Place of birth of child at age 45	
40. Name of child at age 50		41. Date of birth of child at age 50		42. Place of birth of child at age 50	
43. Name of child at age 55		44. Date of birth of child at age 55		45. Place of birth of child at age 55	
46. Name of child at age 60		47. Date of birth of child at age 60		48. Place of birth of child at age 60	
49. Name of child at age 65		50. Date of birth of child at age 65		51. Place of birth of child at age 65	
52. Name of child at age 70		53. Date of birth of child at age 70		54. Place of birth of child at age 70	
55. Name of child at age 75		56. Date of birth of child at age 75		57. Place of birth of child at age 75	
58. Name of child at age 80		59. Date of birth of child at age 80		60. Place of birth of child at age 80	
61. Name of child at age 85		62. Date of birth of child at age 85		63. Place of birth of child at age 85	
64. Name of child at age 90		65. Date of birth of child at age 90		66. Place of birth of child at age 90	
67. Name of child at age 95		68. Date of birth of child at age 95		69. Place of birth of child at age 95	
70. Name of child at age 100		71. Date of birth of child at age 100		72. Place of birth of child at age 100	

622-211-026-761

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 505

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>LOUISE OSBORNE</b>				2. Date (month) (day) (year) Of Birth <b>AUG. 11, 1897</b>		
	3. Color or Race <b>W.</b>	4. Sex <b>F.</b>	5. Place of Birth <b>IDAHO</b>	a. County <b>JEFFERSON</b>	b. City or Town of Birth <b>POPLAR</b>		
FATHER	6. Full Name of Father <b>Thomas D. Osborne.</b>				7. State or Country of Father's Birth <b>Alabama.</b>		
MOTHER	8. Full Maiden Name of Mother <b>Susan Elizabeth Goats</b>				9. State or Country of Mother's Birth <b>Arkansas.</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <b>Louise Osborne (Kay)</b>		
NOTARY (Seal)	Subscribed and sworn to before me on <b>July 6, 1959</b>				11. Present Address of Registrant <b>ROUTE #3 BLACKFOOT, IDA.</b>		
					12. Signature of Notary <b>[Signature]</b>		
					13. Notary Commission expires <b>Mar 10, 1963</b>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (born 8-30-1878) <b>Affidavit by sister</b>		By whom issued and signed <b>Minerva Heyrand</b>		Date issued <b>7-6-59</b>	Date Orig. Entry
	Date of Birth <b>Aug. 11, 1897</b>	Birth Place <b>Poplar, Idaho</b>	Full Name of Mother <b>Susan Elizabeth Goats</b>		Name of Father <b>Thomas D. Osborne</b>	
SUPPORTING RECORD 2.	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>Idaho #80001</b>		Date issued	Date Orig. Entry <b>child born May 2, 1920</b>
	Date of Birth <b>age 22</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 3.	Type of Document <b>Photocopy of family Bible page</b>		By whom issued and signed <b>Keith G. Mollerup, Notary</b>		Date issued <b>June 8, 1961</b>	Date Orig. Entry <b>obviously old</b>
	Date of Birth <b>Aug. 11, 1897</b>	Birth Place <b>-----</b>	Full Name of Mother <b>Susan E. Goats</b>		Name of Father <b>Thomas D. Osborne</b>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>[Signature]</b>	Evidence reviewed by <b>Penny L. Wing</b>	Date Filed <b>June 12, 1961</b>

DELETED CERTIFICATE OF BIRTH  
STATE OF NEW YORK

JUN 12 1961

1. Name of child at birth		2. Date of birth		3. Place of birth	
4. Name of mother at birth		5. Date of birth		6. Place of birth	
7. Name of father at birth		8. Date of birth		9. Place of birth	
10. Name of mother at present		11. Date of birth		12. Place of birth	
13. Name of father at present		14. Date of birth		15. Place of birth	
16. Name of mother at present		17. Date of birth		18. Place of birth	
19. Name of father at present		20. Date of birth		21. Place of birth	
22. Name of mother at present		23. Date of birth		24. Place of birth	
25. Name of father at present		26. Date of birth		27. Place of birth	
28. Name of mother at present		29. Date of birth		30. Place of birth	
31. Name of father at present		32. Date of birth		33. Place of birth	
34. Name of mother at present		35. Date of birth		36. Place of birth	
37. Name of father at present		38. Date of birth		39. Place of birth	
40. Name of mother at present		41. Date of birth		42. Place of birth	
43. Name of father at present		44. Date of birth		45. Place of birth	
46. Name of mother at present		47. Date of birth		48. Place of birth	
49. Name of father at present		50. Date of birth		51. Place of birth	
52. Name of mother at present		53. Date of birth		54. Place of birth	
55. Name of father at present		56. Date of birth		57. Place of birth	
58. Name of mother at present		59. Date of birth		60. Place of birth	
61. Name of father at present		62. Date of birth		63. Place of birth	
64. Name of mother at present		65. Date of birth		66. Place of birth	
67. Name of father at present		68. Date of birth		69. Place of birth	
70. Name of mother at present		71. Date of birth		72. Place of birth	
73. Name of father at present		74. Date of birth		75. Place of birth	
76. Name of mother at present		77. Date of birth		78. Place of birth	
79. Name of father at present		80. Date of birth		81. Place of birth	
82. Name of mother at present		83. Date of birth		84. Place of birth	
85. Name of father at present		86. Date of birth		87. Place of birth	
88. Name of mother at present		89. Date of birth		90. Place of birth	
91. Name of father at present		92. Date of birth		93. Place of birth	
94. Name of mother at present		95. Date of birth		96. Place of birth	
97. Name of father at present		98. Date of birth		99. Place of birth	
100. Name of mother at present		101. Date of birth		102. Place of birth	

294-117-006-463

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 591

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Leon Bryan Sims</u>			2. Date (month) (day) (year) Of Birth <u>January 17th, 1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Bingham</u>		b. City or Town of Birth <u>Blackfoot</u>
FATHER	6. Full Name of Father <u>Charles Franklin Sims</u>			7. State or Country of Father's Birth <u>California</u>	
MOTHER	8. Full Maiden Name of Mother <u>Phoebe Molter</u>			9. State or Country of Mother's Birth <u>Ohio</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Leon Bryan Sims</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 17th 1961.</u>			11. Present Address of Registrant <u>Rt. #3 - Blackfoot, Idaho</u>	
				12. Signature of Notary <u>[Signature]</u>	
				13. Notary Commission expires <u>February 29th 1964.</u>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document statement regarding school records		By whom issued and signed <u>Bingham County School Dist. #32, V.F. Wootton, clerk</u>		Date issued <u>June 27, 1961</u>	Date Orig. Entry <u>1907- 1908</u>
	Date of Birth <u>age 10</u>	Birth Place <u>----</u>	Full Name of Mother <u>----</u>		Name of Father <u>C. F. Sims</u>	
SUPPORTING RECORD 2.	Type of Document Insurance policy application		By whom issued and signed <u>Beneficial Life Insurance Co.</u>		Date issued <u>----</u>	Date Orig. Entry <u>May 10, 1929</u>
	Date of Birth <u>Jan. 17, 1897</u>	Birth Place <u>Blackfoot, Idaho</u>	Full Name of Mother <u>----</u>		Name of Father <u>----</u>	
SUPPORTING RECORD 3.	Type of Document social security record		By whom issued and signed <u>Treasury Department</u>		Date issued <u>-----</u>	Date Orig. Entry <u>May 22, 1937</u>
	Date of Birth <u>Jan. 17, 1897</u>	Birth Place <u>Bingham County Blackfoot, Idaho</u>	Full Name of Mother <u>Phoebe Molter</u>		Name of Father <u>Charles Franklin Sims</u>	

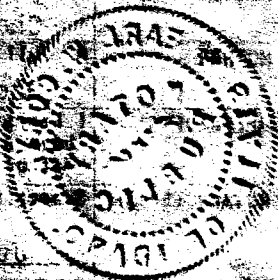
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. Benson</u>	Evidence reviewed by <u>Penny L. Wing</u>	Date Filed <u>July 19, 1961</u>



# STATE OF TEXAS DEPARTMENT OF HEALTH BIRTH CERTIFICATE

JUL 19 1961

1. Name of child at birth	2. Sex of child	3. Date of birth	4. Time of birth	5. Place of birth	6. Name of mother at birth	7. Name of father at birth	8. Name of mother at present	9. Name of father at present	10. Date of marriage	11. Address of mother at birth	12. Address of mother at present	13. Address of father at birth	14. Address of father at present	15. Date of birth of child	16. Date of birth of child	17. Date of birth of child	18. Date of birth of child	19. Date of birth of child	20. Date of birth of child
John William Smith	Male	July 19, 1961	10:30 AM	City of Dallas, Texas	John William Smith	John William Smith	John William Smith	John William Smith	July 19, 1961	1030 North Main Street, Dallas, Texas	1030 North Main Street, Dallas, Texas	1030 North Main Street, Dallas, Texas	1030 North Main Street, Dallas, Texas	July 19, 1961	July 19, 1961	July 19, 1961	July 19, 1961	July 19, 1961	July 19, 1961



1. Name of child at birth: John William Smith  
 2. Sex of child: Male  
 3. Date of birth: July 19, 1961  
 4. Time of birth: 10:30 AM  
 5. Place of birth: City of Dallas, Texas  
 6. Name of mother at birth: John William Smith  
 7. Name of father at birth: John William Smith  
 8. Name of mother at present: John William Smith  
 9. Name of father at present: John William Smith  
 10. Date of marriage: July 19, 1961  
 11. Address of mother at birth: 1030 North Main Street, Dallas, Texas  
 12. Address of mother at present: 1030 North Main Street, Dallas, Texas  
 13. Address of father at birth: 1030 North Main Street, Dallas, Texas  
 14. Address of father at present: 1030 North Main Street, Dallas, Texas  
 15. Date of birth of child: July 19, 1961  
 16. Date of birth of child: July 19, 1961  
 17. Date of birth of child: July 19, 1961  
 18. Date of birth of child: July 19, 1961  
 19. Date of birth of child: July 19, 1961  
 20. Date of birth of child: July 19, 1961

819-231-001-942

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 61-636

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>CORNELIA HART</b>				2. Date (month) (day) (year) Of Birth <b>JULY 31 1897</b>			
	3. Color or Race <b>Caucasian</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Ada</b>	a. County	b. City or Town of Birth <b>Boise</b>			
FATHER	6. Full Name of Father <b>Irving Warren Hart</b>				7. State or Country of Father's Birth <b>Connecticut</b>			
MOTHER	8. Full Maiden Name of Mother <b>Frances Milton Russell</b>				9. State or Country of Mother's Birth <b>Tennessee</b>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Cornelia Hart Farrer</i>		11. Present Address of Registrant <b>501 W. Franklin Street Boise, Idaho</b>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>July 28 1961</b>				12. Signature of Notary <i>Frank W. Hart</i>		13. Notary Commission expires <b>March 6 1963</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>census record</b>		By whom issued and signed <b>U.S. Department of Commerce</b>		Date issued <b>July 28, 1961</b>	Date Orig. Entry <b>June 1, 1900</b>
	Date of Birth <b>July 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Frances M. Hart</b>		Name of Father <b>Irving W. Hart</b>	
SUPPORTING RECORD 2-	Type of Document <b>Affidavit by mother</b>		By whom issued and signed <b>Frances R. Hart</b>		Date issued <b>July 28, 1961</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>July 31, 1897</b>	Birth Place <b>Boide, Idaho</b>	Full Name of Mother <b>Frances R. Hart</b>		Name of Father <b>Irving W. Hart</b>	
SUPPORTING RECORD 3-	Type of Document <b>School record</b>		By whom issued and signed <b>Boise Independent School Dis.</b>		Date issued <b>July 17, 1961</b>	Date Orig. Entry <b>1915</b>
	Date of Birth <b>July 31, 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>I. W. Hart</b>	

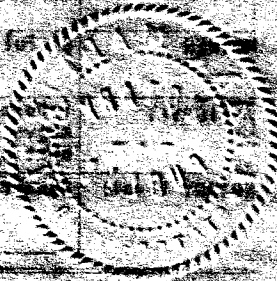
QUALIFYING INFORMATION	Newspaper clipping, statement regarding information on record. Born July 31, 1897 to Mr. and Mrs. I. W. Hart, a daughter, at Eden Home Sanitarium. August 2, 1897 is the date of the paper, Idaho Daily Statesman.		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>Elaine Coy</b>	Date Filed <b>August 1, 1961</b>

APR 18 1967

DEPARTMENT OF HEALTH  
STATE OF IDAHO

DE 61-638

<p>1. Name of child at birth</p> <p>2. Date of birth</p> <p>3. Place of birth</p> <p>4. Sex</p> <p>5. Race</p> <p>6. State of birth</p> <p>7. Date of birth</p> <p>8. State of birth</p> <p>9. State of birth</p> <p>10. State of birth</p> <p>11. State of birth</p> <p>12. State of birth</p>		<p>13. Signature of physician</p> <p>14. Signature of physician</p> <p>15. Signature of physician</p> <p>16. Signature of physician</p> <p>17. Signature of physician</p> <p>18. Signature of physician</p> <p>19. Signature of physician</p> <p>20. Signature of physician</p>	
<p>21. Date of birth</p> <p>22. Date of birth</p> <p>23. Date of birth</p> <p>24. Date of birth</p> <p>25. Date of birth</p> <p>26. Date of birth</p> <p>27. Date of birth</p> <p>28. Date of birth</p>		<p>29. Date of birth</p> <p>30. Date of birth</p> <p>31. Date of birth</p> <p>32. Date of birth</p> <p>33. Date of birth</p> <p>34. Date of birth</p> <p>35. Date of birth</p> <p>36. Date of birth</p>	
<p>37. Date of birth</p> <p>38. Date of birth</p> <p>39. Date of birth</p> <p>40. Date of birth</p> <p>41. Date of birth</p> <p>42. Date of birth</p> <p>43. Date of birth</p> <p>44. Date of birth</p>		<p>45. Date of birth</p> <p>46. Date of birth</p> <p>47. Date of birth</p> <p>48. Date of birth</p> <p>49. Date of birth</p> <p>50. Date of birth</p> <p>51. Date of birth</p> <p>52. Date of birth</p>	
<p>53. Date of birth</p> <p>54. Date of birth</p> <p>55. Date of birth</p> <p>56. Date of birth</p> <p>57. Date of birth</p> <p>58. Date of birth</p> <p>59. Date of birth</p> <p>60. Date of birth</p>		<p>61. Date of birth</p> <p>62. Date of birth</p> <p>63. Date of birth</p> <p>64. Date of birth</p> <p>65. Date of birth</p> <p>66. Date of birth</p> <p>67. Date of birth</p> <p>68. Date of birth</p>	
<p>69. Date of birth</p> <p>70. Date of birth</p> <p>71. Date of birth</p> <p>72. Date of birth</p> <p>73. Date of birth</p> <p>74. Date of birth</p> <p>75. Date of birth</p> <p>76. Date of birth</p>		<p>77. Date of birth</p> <p>78. Date of birth</p> <p>79. Date of birth</p> <p>80. Date of birth</p> <p>81. Date of birth</p> <p>82. Date of birth</p> <p>83. Date of birth</p> <p>84. Date of birth</p>	
<p>85. Date of birth</p> <p>86. Date of birth</p> <p>87. Date of birth</p> <p>88. Date of birth</p> <p>89. Date of birth</p> <p>90. Date of birth</p> <p>91. Date of birth</p> <p>92. Date of birth</p>		<p>93. Date of birth</p> <p>94. Date of birth</p> <p>95. Date of birth</p> <p>96. Date of birth</p> <p>97. Date of birth</p> <p>98. Date of birth</p> <p>99. Date of birth</p> <p>100. Date of birth</p>	



597-125-005-751

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 678

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Lawrence Albert Nixon</u>				2. Date (month) (day) (year) Of Birth <u>Oct</u> <u>25</u> <u>1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth a. County <u>Benewah, Idaho</u>		b. City or Town of Birth <u>near DeSmet, Idaho</u>		
FATHER	6. Full Name of Father <u>Albert Ward Nixon</u>				7. State or Country of Father's Birth <u>California</u>		
MOTHER	8. Full Maiden Name of Mother <u>Esther Peavy</u>				9. State or Country of Mother's Birth <u>Idaho</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Lawrence A. Nixon</u>		11. Present Address of Registrant <u>Box 612 Ephrata, Wash</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 7</u> <u>1961</u>		12. Signature of Notary <u>James Mikuni</u>		13. Notary Commission expires <u>Jan 30</u> <u>1962</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>Roman Catholic Church</u> <u>A. J. Ferrette</u>		Date issued <u>Oct. 4, 1960</u>	Date Orig. Entry <u>baptized</u> <u>Dec. 8, 1897</u>	
	Date of Birth <u>Oct. 25, 1897</u>	Birth Place <u>-----</u>	Full Name of Mother <u>Esther Pivey</u>		Name of Father <u>Albert Nixon</u>		
SUPPORTING RECORD 2.	Type of Document <u>own child's birth certificate</u>		By whom issued and signed <u>Washington Rec. #2 Reg. #278</u>		Date issued <u>July 6, 1961</u>	Date Orig. Entry <u>child born</u> <u>July 3, 1930</u>	
	Date of Birth <u>age 32</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>		
SUPPORTING RECORD 3.	Type of Document <u>affidavit by friend of family</u>		By whom issued and signed <u>E. M. Boutelier born 1884</u>		Date issued <u>Aug. 11, 1961</u>	Date Orig. Entry <u>-----</u>	
	Date of Birth <u>Oct. 25, 1897</u>	Birth Place <u>DeSmet, Idaho</u>	Full Name of Mother <u>Esther Peavy</u>		Name of Father <u>Albert W. Nixon</u>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <u>W. L. B.</u>		Evidence reviewed by <u>Penny L. Wing</u>			Date Filed <u>Aug. 16, 1961</u>	

DELAID CERTIFICATE OF BIRTH  
STATE OF IOWA

AUG 16 1961

Name of Person: <b>Albert Ward Nixon</b> Date of Birth: <b>1930</b> Sex: <b>Male</b> Place of Birth: <b>California</b> Date of Issue: <b>1961</b> Issued at: <b>State of Iowa</b> Issued by: <b>State of Iowa</b> Signature: <b>Albert Ward Nixon</b> Title: <b>State of Iowa</b> Date: <b>1961</b> Place: <b>State of Iowa</b> Signature: <b>Albert Ward Nixon</b> Title: <b>State of Iowa</b> Date: <b>1961</b> Place: <b>State of Iowa</b>		Name of Person: <b>Albert Ward Nixon</b> Date of Birth: <b>1930</b> Sex: <b>Male</b> Place of Birth: <b>California</b> Date of Issue: <b>1961</b> Issued at: <b>State of Iowa</b> Issued by: <b>State of Iowa</b> Signature: <b>Albert Ward Nixon</b> Title: <b>State of Iowa</b> Date: <b>1961</b> Place: <b>State of Iowa</b>	
---	--	---	--

RECEIVED  
AUG 16 1961

*[Handwritten signature]*

419-121-001-413

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De61-685**

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>William Marlatt</b>			2. Date (month) (day) (year) Of Birth <b>December 21 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Boise</b>	a. County <b>Ada</b>	b. City or Town of Birth <b>Boise</b>	
<b>FATHER</b>	6. Full Name of Father <b>William Marlatt</b>			7. State or Country of Father's Birth <b>Idaho (Formerly Washington Territ-</b>		
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Lucy Elvina Daly</b>			9. State or Country of Mother's Birth <b>Putnam County, Missouri</b>		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>William Marlatt</i>		11. Present Address of Registrant <b>812 N. 32nd. St. Boise</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <b>August 10, 1961</b>			12. Signature of Notary <i>H. W. Whiffin</i>		13. Notary Commission expires <b>Jan. 1, 1965</b>

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1</b>	Type of Document <b>Affidavit by mother</b>		By whom issued and signed <b>Lucy Elvina Marlatt</b>	Date issued ----	Date Orig. Entry <b>March 16, 1942</b>
	Date of Birth <b>December 21, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Lucy Elvina Daly</b>	Name of Father <b>William Marlatt</b>	
<b>SUPPORTING RECORD 2</b>	Type of Document <b>Own Childs birth certificate</b>		By whom issued and signed <b>On file in Idaho # 256575</b>	Date issued -----	Date Orig. Entry <b>July 14, 1937</b>
	Date of Birth <b>Age 39</b>	Birth Place <b>Idaho</b>	Full Name of Mother -----	Name of Father -----	
<b>SUPPORTING RECORD 3</b>	Type of Document <b>Military Discharge</b>		By whom issued and signed <b>M. G. McConnel, Brig. A. G. D. 2-9-44</b>	Date issued -----	Date Orig. Entry <b>June 19, 1942</b>
	Date of Birth <b>age 44</b>	Birth Place -----	Full Name of Mother -----	Name of Father -----	

**QUALIFYING INFORMATION**
**REGISTRAR'S CERTIFICATION**  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>ec Elaine Coy</b>	Date Filed <b>August 15, 1961</b>
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154-212-006-537

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61- 735

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Ester Charlotte Anderson</i>			2. Date (month) (day) (year) Birth <i>August 12 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>F</i>	5. Place of Birth (a. County) <i>Idaho Falls, Idaho</i>	b. City or Town of Birth <i>Idaho Falls, Idaho (Eagle Rock)</i>		
FATHER	6. Full Name of Father <i>Ludwig Anderson</i>			7. State or Country of Father's Birth <i>Sweden</i>		
MOTHER	8. Full Maiden Name of Mother <i>Anna Regina Elg</i>			9. State or Country of Mother's Birth <i>Sweden</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ester C. Jones</i>		11. Present Address of Registrant <i>21315-6001 Mountain View</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 19 1961</i>			12. Signature of Notary <i>La Vera Willey</i>		13. Notary Commission expires <i>Nov. 14 1962</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Census Record</i>		By whom issued and signed <i>Bureau of the Census</i>	Date issued <i>Apr. 12, 1961</i>	Date Orig. Entry <i>June 1, 1900</i>
	Date of Birth <i>Aug. 11, 1897</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Anna Anderson</i>	Name of Father <i>Ludwig Anderson</i>	
SUPPORTING RECORD 2-	Type of Document <i>statement regarding church records</i>		By whom issued and signed <i>Fist Evangelical Lutheran Church, Idaho Falls, C. Berggren</i>	Date issued <i>Oct. 14, 1960</i>	Date Orig. Entry <i>confirmed May 4, 1913</i>
	Date of Birth <i>Aug. 22, 1897</i>	Birth Place <i>Idaho Falls, Idaho</i>	Full Name of Mother <i>-----</i>	Name of Father <i>-----</i>	
SUPPORTING RECORD 3-	Type of Document <i>affidavit by friend of family</i>		By whom issued and signed <i>Jennie Johnson age 84</i>	Date issued <i>Aug. 28, 1961</i>	Date Orig. Entry <i>-----</i>
	Date of Birth <i>Aug. 12, 1897</i>	Birth Place <i>Idaho Falls, Ida.</i>	Full Name of Mother <i>Anna Regina Elg</i>	Name of Father <i>Ludwig Anderson</i>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
*W. W. Benson*Evidence reviewed by  
*pw Penny L. Wing*

Date Filed

*Sept. 6, 1961*



# STATE OF TEXAS DELAYED CERTIFICATE OF BIRTH

SEP 6 1961



1. Name of child at birth	2. Sex of child	3. Date of birth	4. Place of birth
5. Name of mother at birth	6. Name of father at birth	7. Date of birth of mother	8. Date of birth of father
9. Name of child at present	10. Name of mother at present	11. Name of father at present	12. Date of birth of child at present
13. Date of birth of child at present	14. Date of birth of mother at present	15. Date of birth of father at present	16. Date of birth of child at present

17. Name of child at present	18. Name of mother at present	19. Name of father at present	20. Date of birth of child at present
21. Date of birth of child at present	22. Date of birth of mother at present	23. Date of birth of father at present	24. Date of birth of child at present
25. Name of child at present	26. Name of mother at present	27. Name of father at present	28. Date of birth of child at present
29. Date of birth of child at present	30. Date of birth of mother at present	31. Date of birth of father at present	32. Date of birth of child at present

33. Name of child at present	34. Name of mother at present	35. Name of father at present	36. Date of birth of child at present
37. Date of birth of child at present	38. Date of birth of mother at present	39. Date of birth of father at present	40. Date of birth of child at present
41. Name of child at present	42. Name of mother at present	43. Name of father at present	44. Date of birth of child at present
45. Date of birth of child at present	46. Date of birth of mother at present	47. Date of birth of father at present	48. Date of birth of child at present

855-126-035-279

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61-748

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Percy Henderson			2. Date (month) (day) (year) Of Birth August 26, 1897	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Peck, Nez Perce County		b. City or Town of Birth Peck
FATHER	6. Full Name of Father Theodore Baxter Henderson			7. State or Country of Father's Birth Milton, Oregon	
MOTHER	8. Full Maiden Name of Mother Grace Ann Springston			9. State or Country of Mother's Birth Garnet, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Percy Henderson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on May 26, 1961			11. Present Address of Registrant Peck, Idaho	
	12. Signature of Notary <i>Ralph Haley</i>			13. Notary Commission expires June 16, 1962	
APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document own child's birth certificate		By whom issued and signed Idaho #67179		Date issued -----
	Date of Birth age 21	Birth Place Peck, Idaho	Full Name of Mother -----		Date Orig. Entry child born Jan. 20, 1919
SUPPORTING RECORD 2.	Type of Document affidavit by aunt		By whom issued and signed Etta Tummelson over 10 yrs. at time of birth		Date issued July 13, 1961
	Date of Birth Aug. 26, 1897	Birth Place Peck, Idaho	Full Name of Mother Grace Ann Springston		Date Orig. Entry ----- Name of Father Theodore Baxter Henderson
SUPPORTING RECORD 3.	Type of Document Family Record		By whom issued and signed Ralph Haley, Notary Public		Date issued July 7, 1961
	Date of Birth Aug. 26, 1897	Birth Place Peck, Idaho	Full Name of Mother Grace Ann Henderson		Date Orig. Entry obviously old Name of Father Theodore Baxter Henderson
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by Penny L. Wing		Date Filed Sept. 8, 1961



719-205-035-595

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 784

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Maryl Florence Parker</i>				2. Date of Birth (month) (day) (year) <i>September 5 1897</i>			
	3. Color of Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>U.S.A.</i>		b. City or Town of Birth <i>Lewiston, Idaho</i>			
FATHER	6. Full Name of Father <i>David Leighton Parker</i>				7. State or Country of Father's Birth <i>Ontario, Canada</i>			
MOTHER	8. Full Maiden Name of Mother <i>Flora Vincent</i>				9. State or Country of Mother's Birth <i>Ontario, Canada</i>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Maryl Florence Parker</i>		11. Present Address of Registrant <i>ONION LAKE, IDAHO</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 28 1961</i>				12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <i>for life being a Notary of Idaho 19</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document <i>affidavit by brother</i>		By whom issued and signed <i>Burton Parker born 1885</i>		Date issued <i>Aug. 18, 1961</i>	Date Orig. Entry <i>----</i>
	Date of Birth <i>Sept. 5, 1897</i>	Birth Place <i>Lewiston, Idaho</i>	Full Name of Mother <i>Flora Vincent</i>		Name of Father <i>David Leighton Parker</i>	
SUPPORTING RECORD 2	Type of Document <i>#45159 Certificate of Marriage</i>		By whom issued and signed <i>Province of Alberta, Canada</i>		Date issued <i>Aug. 21, 1961</i>	Date Orig. Entry <i>Nov. 28, 1917</i>
	Date of Birth <i>age 20</i>	Birth Place <i>Lewiston, Idaho</i>	Full Name of Mother <i>----</i>		Name of Father <i>-----</i>	
SUPPORTING RECORD 3	Type of Document <i>Family Record</i>		By whom issued and signed <i>----</i>		Date issued <i>----</i>	Date Orig. Entry <i>obviously old</i>
	Date of Birth <i>Sept. 5, 1897</i>	Birth Place <i>----</i>	Full Name of Mother <i>Flora Parker</i>		Name of Father <i>David Leighton Vincent</i>	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by <i>Penny L. Wing</i>	Date Filed <i>Sept. 22, 1961</i>

# DELAWARE CERTIFICATE OF STATE

STATE OF DELAWARE

SEP 22 1961

REGISTERED IN THE OFFICE OF THE CLERK OF THE SUPREME COURT

RECEIVED

FILED

IN THE OFFICE OF THE CLERK OF THE SUPREME COURT

STATE OF DELAWARE

REGISTERED IN THE OFFICE OF THE CLERK OF THE SUPREME COURT

STATE OF DELAWARE

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STATE OF DELAWARE

REGISTERED IN THE OFFICE OF THE CLERK OF THE SUPREME COURT

RECEIVED

*Handwritten signature*

866-102-006-466

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61- 807

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Franklin Downs Howard			2. Date (month) (day) (year) Birth September 2 1897		
	3. Color or Race white	4. Sex male	5. Place of Birth a. County Bingham b. City or Town of Birth Shelton-- mailing Rigby			
FATHER	6. Full Name of Father John Shelton Howard			7. State or Country of Father's Birth England		
MOTHER	8. Full Maiden Name of Mother Sarah Ann Downs			9. State or Country of Mother's Birth England		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Franklin Downs Howard</i>		11. Present Address of Registrant <i>Rink Bay 511 Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Sept. 25 1961</i>			12. Signature of Notary <i>E. L. Haws</i>		13. Notary Commission expires <i>Nov. 14 1961</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document certificate of membership		By whom issued and signed L.D.S. Church, Salt Lake City, Utah		Date issued April 13, 1961	Date Orig. Entry October 3, 1897
	Date of Birth September 2, 1897	Birth Place Shelton, Idaho	Full Name of Mother Sara A. Downs		Name of Father John S. Howard	
SUPPORTING RECORD 2.	Type of Document Certificate of Ordination		By whom issued and signed L. D. S. Church John Lovell, Clerk		Date issued January 25, 1915	Date Orig. Entry January 25, 1915
	Date of Birth September 2, 1897	Birth Place Shelton, Bingham	Full Name of Mother Sarrah A. Downs		Name of Father John S. Howard	
SUPPORTING RECORD 3.	Type of Document Insurance Policy		By whom issued and signed Beneficial Life Ins. Co.		Date issued July 11, 1944	Date Orig. Entry July 11, 1944
	Date of Birth September 2, 1897	Birth Place Rigby, Idaho	Full Name of Mother -----		Name of Father -----	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

*W. Benson*

Evidence reviewed by

ec

Penny L. Wing

Date Filed

Sept. 29, 1961

# DELAIED CERTIFICATE OF BIRTH STATE OF IOWA

SEP 20 1961

<p>1. Name of child <b>John Shelton Howard</b></p>		<p>2. Date of birth <b>September 2, 1937</b></p>	
<p>3. Sex of child <b>Male</b></p>		<p>4. Place of birth <b>Shelton, Iowa</b></p>	
<p>5. Name of father <b>John Shelton Howard</b></p>		<p>6. Name of mother <b>Sarah Ann Towns</b></p>	
<p>7. State of birth of father <b>Iowa</b></p>		<p>8. State of birth of mother <b>Iowa</b></p>	
<p>9. Signature of registrant <b>[Signature]</b></p>		<p>10. Signature of registrar <b>[Signature]</b></p>	
<p>11. Address of registrant <b>[Address]</b></p>		<p>12. Address of registrar <b>[Address]</b></p>	
<p>13. Name of hospital <b>[Name]</b></p>		<p>14. Name of physician <b>[Name]</b></p>	
<p>15. Name of nurse <b>[Name]</b></p>		<p>16. Name of midwife <b>[Name]</b></p>	
<p>17. Name of doctor <b>[Name]</b></p>		<p>18. Name of dentist <b>[Name]</b></p>	
<p>19. Name of pharmacist <b>[Name]</b></p>		<p>20. Name of optician <b>[Name]</b></p>	
<p>21. Name of veterinarian <b>[Name]</b></p>		<p>22. Name of other health professional <b>[Name]</b></p>	
<p>23. Name of other health professional <b>[Name]</b></p>		<p>24. Name of other health professional <b>[Name]</b></p>	
<p>25. Name of other health professional <b>[Name]</b></p>		<p>26. Name of other health professional <b>[Name]</b></p>	
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<p>95. Name of other health professional <b>[Name]</b></p>		<p>96. Name of other health professional <b>[Name]</b></p>	
<p>97. Name of other health professional <b>[Name]</b></p>		<p>98. Name of other health professional <b>[Name]</b></p>	
<p>99. Name of other health professional <b>[Name]</b></p>		<p>100. Name of other health professional <b>[Name]</b></p>	



*[Handwritten signature]*

419-203-043-962

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 816

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth Mary Edna Marler			2. Date (month) (day) (year) Of Birth <u>October</u> <u>3</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Valley</u>		b. City or Town of Birth <u>Cascade</u>	
<b>FATHER</b>	6. Full Name of Father Newton Marler			7. State or Country of Father's Birth Tennessee		
<b>MOTHER</b>	8. Full Maiden Name of Mother Mary Katherine Ross			9. State or Country of Mother's Birth Tennessee		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mary Edna Johnson</i>		11. Present Address of Registrant Nezperce, Idaho
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <u>July 28,</u> <u>19 61</u>			12. Signature of Notary <i>Penny L. Wing</i>		13. Notary Commission expires <u>March 6</u> <u>19 63</u>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1-</b>	Type of Document affidavit by sister		By whom issued and signed Sarah Pauline Marler age 73		Date Issued June 20, 1961	Date Orig. Entry see abstract
	Date of Birth Oct. 3, 1897	Birth Place Cascade, Idaho	Full Name of Mother Mary Marler		Name of Father Newton Marler	
<b>SUPPORTING RECORD 2-</b>	Type of Document statement regarding hospital records		By whom issued and signed St. Mary's Hospital, Cottonwood, Sister M. Mildred, O.S.B.		Date issued May 29, 1961	Date Orig. Entry admitted Feb. 4, 1944
	Date of Birth Oct. 3, 1897	Birth Place Cascade, Idaho	Full Name of Mother Mary Ross		Name of Father Newton Marler	
<b>SUPPORTING RECORD 3-</b>	Type of Document Census Record		By whom issued and signed Bureau of The Census		Date issued Sept. 18, 1961	Date Orig. Entry Apr. 15, 1910
	Date of Birth age 12	Birth Place Idaho	Full Name of Mother Mary C. Marler		Name of Father Newt Marler	

### QUALIFYING INFORMATION

<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Penny L. Wing	Date Filed Oct. 3, 1961



OCT 3 1961

<p>1. Name of person or organization: <b>John Doe</b></p> <p>2. Address: <b>123 Main St, New York, NY 10001</b></p> <p>3. City: <b>New York</b></p> <p>4. State: <b>NY</b></p> <p>5. Zip: <b>10001</b></p> <p>6. Date of birth: <b>01/01/1900</b></p> <p>7. Sex: <b>M</b></p> <p>8. Race: <b>W</b></p> <p>9. Religion: <b>C</b></p> <p>10. Education: <b>H</b></p> <p>11. Occupation: <b>D</b></p> <p>12. Marital status: <b>M</b></p> <p>13. Number of children: <b>2</b></p> <p>14. Date of last contact: <b>01/01/1900</b></p> <p>15. Date of this report: <b>01/01/1900</b></p>	<p>1. Name of person or organization: <b>John Doe</b></p> <p>2. Address: <b>123 Main St, New York, NY 10001</b></p> <p>3. City: <b>New York</b></p> <p>4. State: <b>NY</b></p> <p>5. Zip: <b>10001</b></p> <p>6. Date of birth: <b>01/01/1900</b></p> <p>7. Sex: <b>M</b></p> <p>8. Race: <b>W</b></p> <p>9. Religion: <b>C</b></p> <p>10. Education: <b>H</b></p> <p>11. Occupation: <b>D</b></p> <p>12. Marital status: <b>M</b></p> <p>13. Number of children: <b>2</b></p> <p>14. Date of last contact: <b>01/01/1900</b></p> <p>15. Date of this report: <b>01/01/1900</b></p>
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[illegible][illegible]

755-127-022-799

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61- 908

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Nora Bell Penfold			2. Date (month) (day) (year) Of Birth November 27, 1897		
	3. Color or Race white	4. Sex male	5. Place of Birth a. County Fremont	b. City or Town of Birth Chapin		
FATHER	6. Full Name of Father Algeroy Penfold			7. State or Country of Father's Birth Utah		
MOTHER	8. Full Maiden Name of Mother - Mary Rachel Price			9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mrs Nora B. Barlogi</i>		11. Present Address of Registrant <i>Bliss Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 2 1964</i>			12. Signature of Notary <i>Hazel L. Shulbert</i>		13. Notary Commission expires <i>Sept 28 1964</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Certificate of Baptism		By whom issued and signed R. K. Bendorf Hagerman Ward		Date issued April 26, 1958	Date Orig. Entry October 1, 1910
	Date of Birth November 27, 1897	Birth Place Chapin, Fremont County, Idaho	Full Name of Mother Mary Rachel Price		Name of Father Algeroy Penfold	
SUPPORTING RECORD 2.	Type of Document Own childs birth certificate		By whom issued and signed File # 127973		Date issued -----	Date Orig. Entry 12-9-24
	Date of Birth Age 27	Birth Place Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document affidavit by aunt		By whom issued and signed Belle P. Morgan age 83		Date issued Oct. 24, 1961	Date Orig. Entry ----
	Date of Birth Nov. 27, 1897	Birth Place Chapin, Idaho	Full Name of Mother Mary Rachel Price		Name of Father Algiroy Penfold	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>H. W. Benson</i>		Evidence reviewed by ec Penny L. Wing		Date Filed Oct. 31, 1961	

SEP 16 1950

DEPT. OF JUSTICE  
RECEIVED  
JAN 10 1964

**SECRET - INFORMATION**

1. Name of the person	2. Date of birth	3. Place of birth	4. Sex	5. Religion	6. Education	7. Occupation	8. Address	9. Date of registration	10. Signature
11. Name of the person	12. Date of birth	13. Place of birth	14. Sex	15. Religion	16. Education	17. Occupation	18. Address	19. Date of registration	20. Signature
21. Name of the person	22. Date of birth	23. Place of birth	24. Sex	25. Religion	26. Education	27. Occupation	28. Address	29. Date of registration	30. Signature
31. Name of the person	32. Date of birth	33. Place of birth	34. Sex	35. Religion	36. Education	37. Occupation	38. Address	39. Date of registration	40. Signature
41. Name of the person	42. Date of birth	43. Place of birth	44. Sex	45. Religion	46. Education	47. Occupation	48. Address	49. Date of registration	50. Signature
51. Name of the person	52. Date of birth	53. Place of birth	54. Sex	55. Religion	56. Education	57. Occupation	58. Address	59. Date of registration	60. Signature
61. Name of the person	62. Date of birth	63. Place of birth	64. Sex	65. Religion	66. Education	67. Occupation	68. Address	69. Date of registration	70. Signature
71. Name of the person	72. Date of birth	73. Place of birth	74. Sex	75. Religion	76. Education	77. Occupation	78. Address	79. Date of registration	80. Signature
81. Name of the person	82. Date of birth	83. Place of birth	84. Sex	85. Religion	86. Education	87. Occupation	88. Address	89. Date of registration	90. Signature
91. Name of the person	92. Date of birth	93. Place of birth	94. Sex	95. Religion	96. Education	97. Occupation	98. Address	99. Date of registration	100. Signature

859-115-035-415

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 61-966

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Alva Ray Herring</b>			2. Date (month) (day) (year) Of Birth <b>November 15, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>NezPerce</b>	b. City or Town of Birth <b>Cavendish</b>	
<b>FATHER</b>	6. Full Name of Father <b>Alva Sylvania Herring</b>			7. State or Country of Father's Birth <b>Milton, Iowa</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Hyla Lenora Davis</b>			9. State or Country of Mother's Birth <b>Hynes, Nebraska</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Alva Ray Herring</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>November 15 1961</i>			11. Present Address of Registrant <i>4500 8th St Boise, Idaho</i>	
	12. Signature of Notary <i>Hazel L. Hurlbert</i>			13. Notary Commission expires <i>Sept 28 1964</i>	
<b>APPLICANT - DO NOT WRITE BELOW THIS LINE</b>					
<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Marriage Record</b>		By whom issued and signed <b>Director of Vital Statistics W.C.N. Reed, Sask., Canada</b>		Date issued <b>8-30-61</b>
	Date of Birth <b>Age 22</b>	Birth Place <b>Cavendish, Idaho</b>	Full Name of Mother <b>----</b>		Date Orig. Entry <b>March 12, 1920</b>
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Census record</b>		By whom issued and signed <b>U.S. Dept. of Commerce Richard Seamon</b>		Date issued <b>9-29-61</b>
	Date of Birth <b>November 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Jyla Herring</b>		Date Orig. Entry <b>June 1, 1900</b>
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Own child's birth certificate</b>		By whom issued and signed <b>File # 283590 in Idaho</b>		Date issued <b>-----</b>
	Date of Birth <b>Age 41</b>	Birth Place <b>Cavendish, Idaho</b>	Full Name of Mother <b>-----</b>		Date Orig. Entry <b>Aug. 28, 1939</b>
<b>QUALIFYING INFORMATION</b>					
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W, W, Benson</b>		Evidence reviewed by <b>Elaine Coy</b>		Date Filed <b>November 15, 1961</b>

1961 81 100

STATE OF IDAHO  
DELETED CERTIFICATE OF BIRTH

State of Idaho, Is 11-005

STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS  
BOISE, IDAHO

1. Registrar's full name as in 11-7b	Alva Ray Herring
2. Place of birth	White
3. Name of father	Alva Columbia Herring
4. Name of mother	Myra Davis
5. Signature of Registrar	
6. Signature of Notary	
7. State of birth	Idaho
8. County of birth	Cavendish
9. Date of birth	November 12, 1897
10. Name of father	Alva Ray Herring
11. Name of mother	Myra Davis
12. State of birth	Idaho
13. County of birth	Cavendish
14. Date of birth	November 12, 1897



1. Registrar's full name as in 11-7b	W.C.N. Reed, Stat. Canada
2. Place of birth	Idaho
3. Name of father	Alva S. Herring
4. Name of mother	Myra Davis
5. Signature of Registrar	
6. Signature of Notary	
7. State of birth	Idaho
8. County of birth	Cavendish
9. Date of birth	November 12, 1897
10. Name of father	Alva S. Herring
11. Name of mother	Myra Davis
12. State of birth	Idaho
13. County of birth	Cavendish
14. Date of birth	November 12, 1897

1. Registrar's full name as in 11-7b	W.C.N. Reed, Stat. Canada
2. Place of birth	Idaho
3. Name of father	Alva S. Herring
4. Name of mother	Myra Davis
5. Signature of Registrar	
6. Signature of Notary	
7. State of birth	Idaho
8. County of birth	Cavendish
9. Date of birth	November 12, 1897
10. Name of father	Alva S. Herring
11. Name of mother	Myra Davis
12. State of birth	Idaho
13. County of birth	Cavendish
14. Date of birth	November 12, 1897

154-208-006-65-4

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 970

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Eina L. Andrus			2. Date (month) (day) (year) Of Birth January 8 1897	
	3. Color or Race W	4. Sex F	5. Place of Birth a. County Bingham		b. City or Town of Birth Presto
FATHER	6. Full Name of Father Milon Delano Andrus			7. State or Country of Father's Birth New York	
MOTHER	8. Full Maiden Name of Mother Margarette Fedderer			9. State or Country of Mother's Birth Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Eina L. Andrus</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 31 19 61</i>			11. Present Address of Registrant Etna, Wyoming	
				12. Signature of Notary <i>R. Vern K. Hall</i>	
				13. Notary Commission expires <i>June 24 19 63</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document affidavit by friend of family		By whom issued and signed Emma Christensen age 87		Date issued Oct. 31, 1961	Date Orig. Entry -----
	Date of Birth Jan. 8, 1897	Birth Place Presto, Idaho	Full Name of Mother Margarette Fedderer		Name of Father Milon Delano Andrus	
SUPPORTING RECORD 2-	Type of Document affidavit for marriage license		By whom issued and signed V. F. Wootton, clerk Bingham, County, Idaho		Date issued Oct. 31, 1961	Date Orig. Entry July 24, 1915
	Date of Birth age 18	Birth Place -----	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3-	Type of Document Membership Record		By whom issued and signed LDS Church, Idaho Falls 24th Ward, Reed Orme, clerk		Date issued Nov. 9, 1961	Date Orig. Entry baptized Aug. 12, 1919
	Date of Birth Jan. 8, 1897	Birth Place Preston, Idaho	Full Name of Mother Mageret Fedrer		Name of Father Milon D. Andrus	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by pw Penny L. Wing	Date Filed Nov. 16, 1961

# STATE OF TEXAS DELAYED CERTIFICATE OF BIRTH

NOV 17 1961

1. Name of child at birth		2. Date of birth		3. Place of birth		4. Name of mother at birth		5. Name of father at birth		6. Name of child at present		7. Date of present birth		8. Place of present birth		9. Name of mother at present		10. Name of father at present	
11. State or County of present birth		12. State or County of mother's birth		13. State or County of father's birth		14. Present address of registrant		15. Signature of registrant		16. Signature of mother		17. Signature of father		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Date of present birth		22. Date of mother's birth		23. Date of father's birth		24. Present address of registrant		25. Signature of registrant		26. Signature of mother		27. Signature of father		28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Date of present birth		32. Date of mother's birth		33. Date of father's birth		34. Present address of registrant		35. Signature of registrant		36. Signature of mother		37. Signature of father		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Date of present birth		42. Date of mother's birth		43. Date of father's birth		44. Present address of registrant		45. Signature of registrant		46. Signature of mother		47. Signature of father		48. Signature of witness		49. Signature of witness		50. Signature of witness	
51. Date of present birth		52. Date of mother's birth		53. Date of father's birth		54. Present address of registrant		55. Signature of registrant		56. Signature of mother		57. Signature of father		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Date of present birth		62. Date of mother's birth		63. Date of father's birth		64. Present address of registrant		65. Signature of registrant		66. Signature of mother		67. Signature of father		68. Signature of witness		69. Signature of witness		70. Signature of witness	
71. Date of present birth		72. Date of mother's birth		73. Date of father's birth		74. Present address of registrant		75. Signature of registrant		76. Signature of mother		77. Signature of father		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Date of present birth		82. Date of mother's birth		83. Date of father's birth		84. Present address of registrant		85. Signature of registrant		86. Signature of mother		87. Signature of father		88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Date of present birth		92. Date of mother's birth		93. Date of father's birth		94. Present address of registrant		95. Signature of registrant		96. Signature of mother		97. Signature of father		98. Signature of witness		99. Signature of witness		100. Signature of witness	

When, entirely apart from birth certificate, has been taken in the Division of Vital Statistics for this registration, and that documentary evidence has been reviewed which substantiates the facts set forth in the birth certificate.

*[Handwritten signature]*

1961 Nov 17

459-112-021-515

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61- 989

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Elmer Raymond Merrill</u>			2. Date (month) (day) (year) Of Birth <u>August</u> <u>12</u> <u>1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>Franklin</u>	b. City or Town of Birth <u>Mapleton</u>		
FATHER	6. Full Name of Father <u>Elmer S. Merrill</u>			7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Annie Naef</u>			9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Elmer Raymond Merrill</u>		11. Present Address of Registrant <u>260- E. L. S. Preston, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>November 21</u> 19 <u>64</u>			12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>5-22-1963</u> 19 <u>  </u>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>own child's birth certificate</u>		By whom issued and signed <u>Idaho #74095</u>	Date issued -----	Date Orig. Entry <u>Child born</u> <u>Nov. 26, 1919</u>
	Date of Birth <u>age 22</u>	Birth Place <u>Mapleton</u>	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 2-	Type of Document <u>Church Record</u>		By whom issued and signed <u>LDS Church, Preston 1st Ward</u> <u>Merlin W. Smith, Ward Clerk</u>	Date issued -----	Date Orig. Entry <u>baptized</u> <u>Aug. 13, 1905</u>
	Date of Birth <u>Aug. 12, 1897</u>	Birth Place <u>Franklin</u> <u>Mapleton, Idaho</u>	Full Name of Mother <u>Annie Naef</u>	Name of Father <u>Elmer S. Merrill</u>	
SUPPORTING RECORD 3-	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Old West Life Insurance Co.</u>	Date issued <u>June 17,</u> <u>1942</u>	Date Orig. Entry <u>June 16, 1942</u>
	Date of Birth <u>Aug. 12, 1897</u>	Birth Place <u>Mapleton, Idaho</u>	Full Name of Mother -----	Name of Father -----	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

W. W. Benson

pw

Penny L. Wing

Nov. 24, 1961



DELETED CERTIFICATE OF MATH

DATE: 2004-01-12  
TIME: 14:00

**Testimony**

10-10-68

永日遊山記

# 報新華

1950年10月1日

1502: 1947-1948

2000

地址：北京中南海

2014年12月

SECRET

1. 1944-1945

1554

26 DECEMBER 1957, 83400Z

Sum. 1-4-1-2-3-4

SECRET

22-10000



419-219-016-231

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 61-1011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Leona Pearl Martin</u>				2. Date (month) (day) (year) Of Birth <u>Jan.</u> <u>19</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth <u>Marion</u>	a. County <u>Cassia</u>	b. City or Town of Birth <u>Marion, Idaho</u>		
FATHER	6. Full Name of Father <u>Peter Gillespie Martin</u>				7. State or Country of Father's Birth <u>Scotland</u>		
MOTHER	8. Full Maiden Name of Mother <u>Elizabeth Starkie</u>				9. State or Country of Mother's Birth <u>England</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Leona Pearl Martin</u>		11. Present Address of Registrant <u>Terreton, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 20</u> <u>19 61</u>				12. Signature of Notary <u>Roy E. Smith</u>		13. Notary Commission expires <u>May 8</u> <u>1963</u>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Affidavit by uncle who was born 10-25-1884</u>		By whom issued and signed <u>William Parley Martin</u>		Date issued ---	Date Orig. Entry <u>June 13, 1961</u>
	Date of Birth <u>January 19, 1897</u>	Birth Place <u>Marion, Cassia County</u>	Full Name of Mother <u>Elizabeth Martin</u>		Name of Father <u>Peter G. Martin</u>	
SUPPORTING RECORD 2.	Type of Document <u>Own child's birth certificate</u>		By whom issued and signed <u>#137903 in Idaho</u>		Date issued -----	Date Orig. Entry <u>November 16, 1925</u>
	Date of Birth <u>Age 28</u>	Birth Place <u>Idaho</u>	Full Name of Mother ----		Name of Father ----	
SUPPORTING RECORD 3.	Type of Document <u>Census record</u>		By whom issued and signed <u>U.S. Dept. of Commerce</u>		Date issued <u>March 14, 1961</u>	Date Orig. Entry <u>June 1, 1900</u>
	Date of Birth <u>January 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Elizabeth Martin</u>		Name of Father <u>Peter G. Martin</u>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Elaine Coy</u>		Date Filed <u>November 30, 1961</u>	



365-111-004-794

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 1016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>ELLIOTT URBAN LONG</b>			2. Date (month) (day) (year) Of Birth <b>March 11 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>M</b>	5. Place of Birth <b>Bear Lake</b>	a. County <b>Bloomington, Idaho</b>		
FATHER	6. Full Name of Father <b>Levi H. Long</b>			7. State or Country of Father's Birth <b>U. S. A.</b>		
MOTHER	8. Full Maiden Name of Mother <b>Grace Gimmet</b>			9. State or Country of Mother's Birth <b>Denmark</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Elliott Urban Long</i>		11. Present Address of Registrant <b>P.O. Box 2481, Globe, Ariz.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>August 1 1961</b>			12. Signature of Notary <i>Margaret Kendall</i>		13. Notary Commission expires <b>March 17th 1964</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Statement regarding church records</b>		By whom issued and signed <b>LDS Church, Globe Ward, Ariz. Kendall M. Haynie, Asst. W. Clerk</b>		Date Issued <b>July 11, 1961</b>	Date Orig. Entry <b>baptized Sept. 7, 1907</b>
	Date of Birth <b>Mar. 11, 1897</b>	Birth Place <b>Bloomington, Idaho</b>	Full Name of Mother <b>Grace Gimmet</b>		Name of Father <b>Leir H. Long</b>	
SUPPORTING RECORD 2.	Type of Document <b>affidavit by friend of family</b>		By whom issued and signed <b>Emanuel Palmer age 84</b>		Date Issued <b>Nov. 25, 1961</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>Mar. 11, 1897</b>	Birth Place <b>Bloomington, Ida.</b>	Full Name of Mother <b>Grace Gimmet</b>		Name of Father <b>Levi H. Long</b>	
SUPPORTING RECORD 3.	Type of Document <b>Lodge membership record</b>		By whom issued and signed <b>B.P.O.E., Marion E. Balentine</b>		Date Issued <b>-----</b>	Date Orig. Entry <b>initiated July 1, 1937</b>
	Date of Birth <b>Mar. 11, 1897</b>	Birth Place <b>Bloomington, Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>Penny L. Wing</b>	Date Filed <b>Dec. 5, 1961</b>

10-10-68

campbell

[illegible]

SECRET

125-106-035-293

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61- 1022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>EMIL L ABEL</u>				2. Date (month) (day) (year) <u>July 6 1897</u>		
	3. Color or Race <u>W</u>	4. Sex <u>M</u>	5. Place of Birth <u>Lewiston</u>		a. County <u>May Pine</u>		
FATHER	6. Full Name of Father <u>Andrew J. Abel</u>				7. State or Country of Father's Birth <u>Massachusetts, Iowa</u>		
MOTHER	8. Full Maiden Name of Mother <u>Hester Billups</u>				9. State or Country of Mother's Birth <u>Columbia - Dayton, W.</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Emil L. Abel</u>		11. Present Address of Registrant <u>1024 N. Valerius Shalla Halla Hall</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>December 1, 1961</u>				12. Signature of Notary <u>Viola K. Kinstadter</u>		13. Notary Commission expires <u>Dec 10, 1962</u>

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>honorable discharge</u>		By whom issued and signed <u>U.S. Army, R.M. Martin, Major</u>	Date issued <u>May 7, 1919</u>	Date Orig. Entry enlisted <u>Apr. 2, 1917</u>
	Date of Birth <u>age 19</u>	Birth Place <u>Lewiston, Idaho</u>	Full Name of Mother <u>-----</u>	Name of Father <u>-----</u>	
SUPPORTING RECORD 2-	Type of Document <u>affidavit by aunt</u>		By whom issued and signed <u>Tressie Collins, born 1884</u>	Date issued <u>Sept. 27, 1961</u>	Date Orig. Entry <u>-----</u>
	Date of Birth <u>July 6, 1897</u>	Birth Place <u>Lewiston, Idaho</u>	Full Name of Mother <u>Hester Billups</u>	Name of Father <u>Andrew J. Abel</u>	
SUPPORTING RECORD 3-	Type of Document <u>statement regarding school records</u>		By whom issued and signed <u>Columbia Co. Wash. Supt. of Schools, Robert G. Woodend</u>	Date issued <u>July 21, 1961</u>	Date Orig. Entry <u>May 16, 1906</u>
	Date of Birth <u>age 8</u>	Birth Place <u>-----</u>	Full Name of Mother <u>-----</u>	Name of Father <u>-----</u>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
W. J. BennettEvidence reviewed by  
Penny L. Wing

Date Filed

Dec. 5, 1961

DEC 5 1961

STATE OF IOWA  
DELAYED CERTIFICATE OF BIRTH

1. Name of child at birth	2. Date of birth	3. Sex	4. Place of birth
5. Name of mother at birth	6. Date of birth	7. Sex	8. Place of birth
9. Name of father at birth	10. Date of birth	11. Sex	12. Place of birth
13. Name of mother at present address	14. Date of birth	15. Sex	16. Place of birth
17. Name of father at present address	18. Date of birth	19. Sex	20. Place of birth
21. Name of mother at present address	22. Date of birth	23. Sex	24. Place of birth
25. Name of father at present address	26. Date of birth	27. Sex	28. Place of birth



29. Name of mother at present address	30. Date of birth	31. Sex	32. Place of birth
33. Name of father at present address	34. Date of birth	35. Sex	36. Place of birth
37. Name of mother at present address	38. Date of birth	39. Sex	40. Place of birth
41. Name of father at present address	42. Date of birth	43. Sex	44. Place of birth
45. Name of mother at present address	46. Date of birth	47. Sex	48. Place of birth
49. Name of father at present address	50. Date of birth	51. Sex	52. Place of birth
53. Name of mother at present address	54. Date of birth	55. Sex	56. Place of birth
57. Name of father at present address	58. Date of birth	59. Sex	60. Place of birth
61. Name of mother at present address	62. Date of birth	63. Sex	64. Place of birth
65. Name of father at present address	66. Date of birth	67. Sex	68. Place of birth
69. Name of mother at present address	70. Date of birth	71. Sex	72. Place of birth
73. Name of father at present address	74. Date of birth	75. Sex	76. Place of birth
77. Name of mother at present address	78. Date of birth	79. Sex	80. Place of birth
81. Name of father at present address	82. Date of birth	83. Sex	84. Place of birth
85. Name of mother at present address	86. Date of birth	87. Sex	88. Place of birth
89. Name of father at present address	90. Date of birth	91. Sex	92. Place of birth
93. Name of mother at present address	94. Date of birth	95. Sex	96. Place of birth
97. Name of father at present address	98. Date of birth	99. Sex	100. Place of birth



I hereby certify that no other birth certificate was ever filed in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date filed: \_\_\_\_\_

Evidence reviewed by: \_\_\_\_\_

612-229-028-255  
DELETED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61-1038  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Eva Viola Washburn</u>				2. Date (month) (day) (year) Of Birth <u>January</u> <u>29</u> <u>1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Kootenai</u>		b. City or Town of Birth <u>Copeland</u>	
FATHER	6. Full Name of Father <u>Volney Warren Washburn</u>				7. State or Country of Father's Birth <u>New York</u>	
MOTHER	8. Full Maiden Name of Mother <u>Anna Severts</u>				9. State or Country of Mother's Birth <u>Norway</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Eva Viola Washburn</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 25 1959</u>				11. Present Address of Registrant <u>Metalline Falls, Wash. 335</u>	
	12. Signature of Notary <u>Wm E. Haff</u> <u>Notary Public</u>				13. Notary Commission expires <u>9-19 1961</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document (18½ yrs. older) <u>Affidavit by sister</u>		By whom issued and signed <u>Martha A. Washburn Guthrie</u>		Date issued <u>5-21-59</u>
	Date of Birth <u>Jan. 29, 1897</u>	Birth Place <u>Kootenai Co. Copeland, Idaho</u>	Full Name of Mother <u>Ann Severts</u>		Date Orig. Entry <u>(supplemental affidavit of June, 1959)</u>
SUPPORTING RECORD 2.	Type of Document <u>Pension Certificate</u>		By whom issued and signed <u>Bureau of Pensions, Dept. of the Interior, USA</u>		Date issued <u>11-28-1903</u>
	Date of Birth <u>under age 16</u>	Birth Place <u>1-28-1913</u>	Full Name of Mother <u>Anna Washburn</u>		Date Orig. Entry <u>11-28-03</u>
SUPPORTING RECORD 3.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Bureau of the Census</u>		Date issued <u>Nov. 1, 1960</u>
	Date of Birth <u>Jan. 1897</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Annie Washbourne</u>		Date Orig. Entry <u>June 1, 1900</u>
QUALIFYING INFORMATION					Name of Father <u>Volney W. Washburn</u>
					Name of Father <u>Volney W. Washbourne</u>

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>nr</u>	Date Filed <u>Dec. 11, 1961</u>

A Records are those made and dated before the Registrant's fourth birthday.  
B Records are those made after the fourth birthday but are at least 5 years old.



100-10000

DECEMBER 11 1951

STATE OF TEXAS

DEC 11 1951

1. Name of Person		2. Date of Birth		3. Place of Birth		4. State of Birth	
5. Present Address of Person		6. Date of Arrival in U.S.		7. Date of Departure from U.S.		8. Date of Return to U.S.	
9. Name of Employer		10. Date of Employment		11. Date of Termination		12. Date of Re-employment	
13. Name of School		14. Date of Enrollment		15. Date of Graduation		16. Date of Re-enrollment	
17. Name of Military Service		18. Date of Entry		19. Date of Discharge		20. Date of Re-entry	
21. Name of Religious Institution		22. Date of Membership		23. Date of Termination		24. Date of Re-membership	
25. Name of Social Club		26. Date of Membership		27. Date of Termination		28. Date of Re-membership	
29. Name of Political Party		30. Date of Membership		31. Date of Termination		32. Date of Re-membership	
33. Name of Labor Union		34. Date of Membership		35. Date of Termination		36. Date of Re-membership	
37. Name of Professional Association		38. Date of Membership		39. Date of Termination		40. Date of Re-membership	
41. Name of Other Organization		42. Date of Membership		43. Date of Termination		44. Date of Re-membership	



100-10000

DECEMBER 11 1951

STATE OF TEXAS

DEC 11 1951

515-122-028-281

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61- 1053

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Mark Evald Van Gasken</i>				2. Date (month) (day) (year) Of Birth <i>April 22 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>male</i>	5. Place of Birth <i>Bonnors Ferry</i>	a. County <i>Kootenai</i>	b. City or Town of Birth <i>Bonnors Ferry, Idaho</i>		
FATHER	6. Full Name of Father <i>William Van Gasken</i>				7. State or Country of Father's Birth <i>Delaware U.S.A</i>		
MOTHER	8. Full Maiden Name of Mother <i>Emma Rebecca Shaw</i>				9. State or Country of Mother's Birth <i>England</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mark Evald Van Gasken</i>		11. Present Address of Registrant <i>22032-10th Ave. So. Des Moines Wash.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>12-2 1961</i>				12. Signature of Notary <i>Lucille Stockdale</i>		13. Notary Commission expires <i>1-23 1963</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>marriage license application</i>		By whom issued and signed <i>King County, Wash, R.A. Morris</i>		Date issued <i>Feb. 19, 1952</i>	Date Orig. Entry <i>Feb. 10, 1919</i>
	Date of Birth <i>age 21</i>	Birth Place <i>-----</i>	Full Name of Mother <i>-----</i>		Name of Father <i>-----</i>	
SUPPORTING RECORD 2.	Type of Document <i>Certificate of Baptism</i>		By whom issued and signed <i>The Presbyterian Church, Bonnors Ferry, Idaho</i>		Date issued <i>-----</i>	Date Orig. Entry <i>Mar. 16, 1903</i>
	Date of Birth <i>Apr. 22, 1897</i>	Birth Place <i>-----</i>	Full Name of Mother <i>Emma Rebecca Gasken</i>		Name of Father <i>William Van Gasken</i>	
SUPPORTING RECORD 3.	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>Metropolitan Life Insurance</i>		Date issued <i>June 1, 1946</i>	Date Orig. Entry <i>May 8, 1946</i>
	Date of Birth <i>Apr. 22, 1897</i>	Birth Place <i>Bonnors Ferry, Ida.</i>	Full Name of Mother <i>-----</i>		Name of Father <i>-----</i>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Penny L. Wing</i>		Date Filed <i>Dec. 12, 1961</i>	

17	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
17	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
17	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
17	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
17	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
17	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
17	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80																				

[illegible]

*[Faint, mostly illegible text from the reverse side of the document, appearing as bleed-through or mirrored print.]*

769-226-007-243

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De61- 1072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Thelma Alice Porter.</i>			2. Date (month) (day) (year) Of Birth <i>October 26 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth <i>Hailey, Idaho, U.S.A.</i>	b. City or Town of Birth <i>Hailey, Idaho, U.S.A.</i>		
FATHER	6. Full Name of Father <i>Frederick Charles Porter.</i>			7. State or Country of Father's Birth <i>Montpelier, Vermont, U.S.A.</i>		
MOTHER	8. Full Maiden Name of Mother <i>Alice Estella Butler.</i>			9. State or Country of Mother's Birth <i>Harrison, Boone County, Arkansas</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Thelma Alice Porter</i>		11. Present Address of Registrant <i>2481 Pauline St. Abbotsford, B.C., Canada</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>5<sup>th</sup> day of Dec. 1961</i>			12. Signature of Notary <i>W. W. Johnston</i>		13. Notary Commission expires <i>Oct. 1st 1962</i>

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Passport		By whom issued and signed Canada Dept. of External Affairs		Date issued Aug. 20, 1941	Date Orig. Entry Aug. 20, 1941
	Date of Birth Oct. 26, 1897	Birth Place Hailey, Idaho, USA	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2-	Type of Document Family Record		By whom issued and signed W. W. Johnston, Notary Public		Date issued Dec. 5, 1961	Date Orig. Entry obviously old
	Date of Birth Oct. 26, 1897	Birth Place Hailey, Idaho	Full Name of Mother Alice Estella Butler		Name of Father Frederick Charles Porter	
SUPPORTING RECORD 3-	Type of Document affidavit by mother		By whom issued and signed Alice Estella Porter		Date issued Apr. 2, 1941	Date Orig. Entry -----
	Date of Birth Oct. 26, 1897	Birth Place Hailey, Idaho	Full Name of Mother Alice Estella Porter		Name of Father Frederick Charles Porter	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Penny L. Wing</i>	Date Filed <i>Dec. 20, 1961</i>

DELETED (RECEIVED) DATE OF BIRTH  
STATE OF OHIO

FEB 8 1962

Weir



NAME	WEIR, JAMES EARL	DATE OF BIRTH	11-11-1941	PLACE OF BIRTH	CHILlicothe, OHIO
SEX	M	HEIGHT	5' 10"	WEIGHT	175
HAIR	BROWN	EYES	BROWN	SKIN	Fair
EDUCATION	High School Graduate	EMPLOYMENT	None	RESIDENCE	Chillicothe, OHIO
RELIGION	Methodist	POLITICAL PARTY	Republican	ARMED SERVICES	None
CRIMINAL RECORD	None				
REMARKS	Subject is a white male, 5' 10" tall, 175 lbs, brown hair and eyes, fair skin. He is a high school graduate and has no criminal record. He is currently unemployed and resides in Chillicothe, Ohio.				

291-124-029-918

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-087

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Joseph Aloysius Brandmier</b>			2. Date (month) (day) (year) Of Birth <b>June 24, 1897</b>	
	3. Color or Race <b>WHITE</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Latah Co.</b>	b. City or Town of Birth <b>Genesee, Idaho</b>	
<b>FATHER</b>	6. Full Name of Father <b>John Brandmier</b>			7. State or Country of Father's Birth <b>BAVARIA GERMANY</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Mary Rahm</b>			9. State or Country of Mother's Birth <b>BAVARIA GERMANY</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Joseph A. Brandmier</i>	
<b>NOTARY (Seal)</b>	11. Present Address of Registrant <b>2105 19th St. Anacortes, Washington</b>			12. Signature of Notary <i>Paul E. Swenson</i>	
	13. Notary Commission expires <b>Dec. 19 1965</b>				

APPLICANT— DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1.</b>	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>Rev. Chas. Veit, Pastor R. C. Church</b>		Date issued <b>9-23-39</b>
	Date of Birth <b>June 24, 1897</b>	Birth Place <b>Genesee, Idaho</b>	Full Name of Mother <b>Mary Rahm</b>		Date Orig. Entry <b>July 18, 1897</b>
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>Identification card</b>		By whom issued and signed <b>U.S. COAST GUARD</b>		Date issued <b>---</b>
	Date of Birth <b>June 24, 1897</b>	Birth Place <b>Genesee, Idaho</b>	Full Name of Mother <b>-----</b>		Date Orig. Entry <b>April 8, 1942</b>
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>Insurance policy</b>		By whom issued and signed <b>Metropolitan Life Insurance Co. New York</b>		Date issued <b>---</b>
	Date of Birth <b>June 24, 1897</b>	Birth Place <b>Genesee, Idaho</b>	Full Name of Mother <b>-----</b>		Date Orig. Entry <b>June 12, 1916</b>

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. BENSON</b>	Evidence reviewed by <b>nr Shirley Miller</b>	Date Filed <b>Jan. 31, 1962</b>

STATE OF TEXAS  
DEPARTMENT OF PUBLIC SAFETY

JAN 31 1962

NAME	LAST FIRST MIDDLE	DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	EDUCATION	RELIGION	POLITICAL PARTY	DATE OF ENTRY	REASON FOR ENTRY	STATUS
JOHN	DAVID	1935	TEXAS	M	W	HIGH SCHOOL	METHODIST	DEMOCRAT	1955	ADULT ADOPTION	ADULT
<p>JOHN DAVID was born on January 31, 1935, at [illegible] Texas. He is a white male, single, and has a high school education. He is a member of the Methodist Church and a Democrat. He entered the State of Texas in 1955 as an adult adoptee.</p>											

NAME	LAST FIRST MIDDLE	DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	EDUCATION	RELIGION	POLITICAL PARTY	DATE OF ENTRY	REASON FOR ENTRY	STATUS
JOHN	DAVID	1935	TEXAS	M	W	HIGH SCHOOL	METHODIST	DEMOCRAT	1955	ADULT ADOPTION	ADULT
<p>JOHN DAVID was born on January 31, 1935, at [illegible] Texas. He is a white male, single, and has a high school education. He is a member of the Methodist Church and a Democrat. He entered the State of Texas in 1955 as an adult adoptee.</p>											

NAME	LAST FIRST MIDDLE	DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	EDUCATION	RELIGION	POLITICAL PARTY	DATE OF ENTRY	REASON FOR ENTRY	STATUS
JOHN	DAVID	1935	TEXAS	M	W	HIGH SCHOOL	METHODIST	DEMOCRAT	1955	ADULT ADOPTION	ADULT
<p>JOHN DAVID was born on January 31, 1935, at [illegible] Texas. He is a white male, single, and has a high school education. He is a member of the Methodist Church and a Democrat. He entered the State of Texas in 1955 as an adult adoptee.</p>											

691-117-036-619

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-104

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Thomas Farrell Franklin				2. Date (month) (day) (year) Of Birth November 17 1897	
	3. Color or Race White	4. Sex Male	5. Place of Birth Idaho	a. County Oneida	b. City or Town of Birth American Falls	
FATHER	6. Full Name of Father Louis Franklin				7. State or Country of Father's Birth Germany	
MOTHER	8. Full Maiden Name of Mother Mary Cornelia Farrell				9. State or Country of Mother's Birth Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Thos. F. Franklin</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Feb. 1 1962</i>				11. Present Address of Registrant #2 Eighth St. Downers Grove, Illinois	
	12. Signature of Notary <i>Dora Krodol</i>				13. Notary Commission expires My Commission Expires May 28th 1963	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Census record		By whom issued and signed US Bureau of the Census Washington, D.C.	Date issued Dec. 21, 1961	Date Orig. Entry June 1, 1900
	Date of Birth Nov. 1897	Birth Place Idaho	Full Name of Mother Mary C. Franklin	Name of Father ---	
SUPPORTING RECORD 2-	Type of Document affidavit regarding life insurance policy		By whom issued and signed R.B. Snell, Secy. Kansas Life Ins. Co. Kansas City, Mo.	Date issued Jan. 25, 1962	Date Orig. Entry Feb. 11, 1932
	Date of Birth Nov. 17, 1897	Birth Place American Falls, Ida.	Full Name of Mother Mary C. Franklin	Name of Father ---	
SUPPORTING RECORD 3-	Type of Document certificate of baptism		By whom issued and signed Roman Catholic Church St. Joseph's, Pocatello, Ida.	Date issued --	Date Orig. Entry baptized Jan. 23, 1898
	Date of Birth Nov. 17, 1897	Birth Place ---	Full Name of Mother Mary Farrell	Name of Father Louis Franklin	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Shirley Miller	Date Filed Feb. 5, 1962





319-109-033-961

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-195

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Henry Edward Larsen</b>				2. Date (month) (day) (year) Of Birth <b>August 9, 1898</b>	
	3. Color or Race <b>white</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Madison</b>	a. County	b. City or Town of Birth <b>Rexburg, RFD 2 Idaho</b>	
FATHER	6. Full Name of Father <b>Orson Alfred Larsen</b>				7. State or Country of Father's Birth <b>Idaho</b>	
MOTHER	8. Full Maiden Name of Mother <b>Nancy Ellen Roack</b>				9. State or Country of Mother's Birth <b>Utah</b> <b>Morgan City, Morgan County,</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Henry E. Larsen</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>January 31 1962</b>				11. Present Address of Registrant <b>Thornton, Idaho, RFD 1</b>	
					12. Signature of Notary <i>Henry Dietrich</i>	
					13. Notary Commission expires <b>April 16 1964</b>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <b>Past 70 affidavit by neighbor at time of birth</b>		By whom issued and signed <b>Salma Galbraith</b>		Date Issued <b>Feb. 2, 1962</b>
	Date of Birth <b>Aug. 9, 1897</b>	Birth Place <b>Rexburg, RFD 2, Idaho</b>	Full Name of Mother <b>Nancy Ellen Roack</b>		Date Orig. Entry <b>----</b>
SUPPORTING RECORD 2-	Type of Document <b>church record</b>		By whom issued and signed <b>George H. Munns, Bishop, LDS Church,</b>		Date Issued <b>Feb. 4, 1962</b>
	Date of Birth <b>Aug. 9, 1897</b>	Birth Place <b>Rexburg, Idaho</b>	Full Name of Mother <b>Nancy Roack</b>		Date Orig. Entry <b>baptized June 7, 1906</b>
SUPPORTING RECORD 3-	Type of Document <b>certified copy of own child's birth certificate</b>		By whom issued and signed <b>File No. 246313, Idaho</b>		Date Issued <b>Sept. 4, 1952</b>
	Date of Birth <b>Age: 38</b>	Birth Place <b>Rexburg, Idaho</b>	Full Name of Mother <b>-----</b>		Date Orig. Entry <b>born Aug. 7, 1936</b>

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

sm Shirley Miller

Date Filed

Mar. 6, 1962



296-126-016-719 DELAYED CERTIFICATE OF BIRTH  
 STATE OF IDAHO

Department of Public Health  
 Division of Vital Statistics  
 Boise, Idaho

State File No. Do-62-254  
 Local Reg. No. \_\_\_\_\_  
 Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Montgomery Bryan Brown</b>				2. Date (month) (day) (year) Of Birth <b>Jan. 26 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth <b>At Home</b>	a. County <b>Cassia</b>	b. City or Town of Birth <b>Albion</b>	
FATHER	6. Full Name of Father <b>Montgomery Taylor Brown</b>				7. State or Country of Father's Birth <b>Hopkinsville Kentucky</b>	
MOTHER	8. Full Maiden Name of Mother <b>Katherine Vasthi Parke</b>				9. State or Country of Mother's Birth <b>Bountiful Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Montgomery Bryan Brown</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>2 Feb 1936</i>				11. Present Address of Registrant <b>6115 N. Boston Ave. Portland 11, Oregon</b>	
	12. Signature of Notary <i>Marshall H. Keller</i>				13. Notary Commission expires <b>NOTARY PUBLIC FOR OREGON My Commission Expires Aug. 24, 1957</b>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>712-05-0503 application for Social Security number</b>		By whom issued and signed <b>Form CER-1 USA Railroad Retirement Board</b>		Date issued <b>5-22-56</b>	Date Orig. Entry <b>February 12 1937</b>
	Date of Birth <b>January 26, 1897</b>	Birth Place <b>Albion, Idaho Cassia County</b>	Full Name of Mother <b>Kathern Parke</b>		Name of Father <b>Montgomery Taylor Brown</b>	
SUPPORTING RECORD 2.	Type of Document <b>affidavit by older sister</b>		By whom issued and signed <b>May Bell Brown Webb Kimberly, Idaho</b>		Date issued <b>4-12-56</b>	Date Orig. Entry
	Date of Birth <b>January 26, 1897</b>	Birth Place <b>Albion, Idaho Cassia County</b>	Full Name of Mother <b>Katherine Vasthi Brown</b>		Name of Father <b>Montgomery Taylor Brown</b>	
SUPPORTING RECORD 3.	Type of Document <b>certified copy of own child's birth certificate</b>		By whom issued and signed <b>File No. 7328, Oregon</b>		Date issued <b>Aug. 21, 1948</b>	Date Orig. Entry <b>born Nov. 21, 1942</b>
	Date of Birth <b>Age: 45</b>	Birth Place <b>Albion, Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar  <b>W. W. Benson</b>	Evidence reviewed by  <b>bw Shirley Miller</b>	Date Filed  <b>Mar. 27, 1962</b>

\* Class A Records are those made and dated before the Registrant's fourth birthday.  
 Class B Records are those made after the fourth birthday but are at least 5 years old.



915-104-001-217

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De62-306

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Carrol Edward Randall</b>			2. Date (month) (day) (year) Of Birth <b>Oct. 4, 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth <b>Ada</b>	a. County <b>Boise, Idaho</b>		
FATHER	6. Full Name of Father <b>Cyrenius Randall</b>			7. State or Country of Father's Birth <b>Michigan</b>		
MOTHER	8. Full Maiden Name of Mother <b>Frances Saxton</b>			9. State or Country of Mother's Birth <b>Michigan</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Carrol Edward Randall</i>		11. Present Address of Registrant <b>N. State St., Weiser, Ida.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>7-18-1961</b>			12. Signature of Notary <i>T. Dale Thompson</i>		13. Notary Commission expires <b>6-22-62 1962</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>affidavit by uncle</b>		By whom issued and signed <b>George H. Saxton age 73</b>		Date issued <b>July 13, 1961</b>	Date Orig. Entry <b>----</b>
	Date of Birth <b>Oct. 4, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Francis Saxton</b>		Name of Father <b>Cyrenius Randall</b>	
SUPPORTING RECORD 2.	Type of Document <b>photo copy of application for Social Security Account No.</b>		By whom issued and signed <b>U. S. Treasury Department</b>		Date issued <b>----</b>	Date Orig. Entry <b>April 7, 1941</b>
	Date of Birth <b>Oct. 4, 1897</b>	Birth Place <b>Boise, Idaho</b>	Full Name of Mother <b>Frankie Saxton</b>		Name of Father <b>Chrenius Randall</b>	
SUPPORTING RECORD 3.	Type of Document <b>Family Bible</b>		By whom issued and signed <b>----</b>		Date issued <b>---</b>	Date Orig. Entry <b>Obviously Old</b>
	Date of Birth <b>Oct. 4 1897</b>	Birth Place <b>----</b>	Full Name of Mother <b>-----</b>		Name of Father <b>----</b>	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>pw sm Joyce B. Foltz</b>	Date Filed <b>April 11, 1962</b>

APR 12 1962

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
BIRTH CERTIFICATE

DATE OF BIRTH	1931	PLACE OF BIRTH	San Francisco, California
TIME OF BIRTH	10:00 AM	SEX	Male
WEIGHT	7.5 lbs	LENGTH	20 inches
HEAD CIRCUMFERENCE	13.5 inches	ARM CIRCUMFERENCE	5.5 inches
LEG CIRCUMFERENCE	5.5 inches	HEART RATE	120 bpm
TEMPERATURE	98.6 F	RESPIRATORY RATE	30 bpm
SKIN COLOR	Fair	HAIR COLOR	Dark
HAIR TYPE	Wavy	EYES	Blue
TEETH	None	GENITALS	Normal
PLACENTA	Normal	AMNIOTIC FLUID	Normal
DELIVERY METHOD	Vaginal	OBSTETRICIAN	Dr. J. H. Jones
ASSISTANT	Dr. A. B. Smith	HOSPITAL	St. Mary's Hospital
DATE OF DELIVERY	April 11, 1962	TIME OF DELIVERY	10:00 AM
PLACE OF DELIVERY	San Francisco, California	NAME OF MOTHER	John F. Jones
NAME OF FATHER	John F. Jones	DATE OF FATHER'S BIRTH	1915
DATE OF MOTHER'S BIRTH	1925	NAME OF MOTHER'S MARRIAGE	John F. Jones
DATE OF MARRIAGE	1950	NAME OF MOTHER'S PREVIOUS MARRIAGE	None
DATE OF PREVIOUS MARRIAGE	None	NAME OF PREVIOUS MARRIAGE	None
DATE OF PREVIOUS MARRIAGE	None	NAME OF PREVIOUS MARRIAGE	None

DATE OF BIRTH	1931	PLACE OF BIRTH	San Francisco, California
TIME OF BIRTH	10:00 AM	SEX	Male
WEIGHT	7.5 lbs	LENGTH	20 inches
HEAD CIRCUMFERENCE	13.5 inches	ARM CIRCUMFERENCE	5.5 inches
LEG CIRCUMFERENCE	5.5 inches	HEART RATE	120 bpm
TEMPERATURE	98.6 F	RESPIRATORY RATE	30 bpm
SKIN COLOR	Fair	HAIR COLOR	Dark
HAIR TYPE	Wavy	EYES	Blue
TEETH	None	GENITALS	Normal
PLACENTA	Normal	AMNIOTIC FLUID	Normal
DELIVERY METHOD	Vaginal	OBSTETRICIAN	Dr. J. H. Jones
ASSISTANT	Dr. A. B. Smith	HOSPITAL	St. Mary's Hospital
DATE OF DELIVERY	April 11, 1962	TIME OF DELIVERY	10:00 AM
PLACE OF DELIVERY	San Francisco, California	NAME OF MOTHER	John F. Jones
NAME OF FATHER	John F. Jones	DATE OF FATHER'S BIRTH	1915
DATE OF MOTHER'S BIRTH	1925	NAME OF MOTHER'S MARRIAGE	John F. Jones
DATE OF MARRIAGE	1950	NAME OF MOTHER'S PREVIOUS MARRIAGE	None
DATE OF PREVIOUS MARRIAGE	None	NAME OF PREVIOUS MARRIAGE	None
DATE OF PREVIOUS MARRIAGE	None	NAME OF PREVIOUS MARRIAGE	None

962-126-033-962

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-350

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth William Everett Robertson				2. Date (month) (day) (year) Of Birth October 26 1897	
	3. Color or Race white	4. Sex male	5. Place of Birth Plano	a. County Madison	b. City or Town of Birth Plano, Idaho	
FATHER	6. Full Name of Father Charles Thomas Robertson				7. State or Country of Father's Birth Ontario, Canada	
MOTHER	8. Full Maiden Name of Mother Pauletta Harris Robertson				9. State or Country of Mother's Birth X Kaysville Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant William Everett Robertson	
NOTARY (Seal)	Subscribed and sworn to before me on April 16 19 62				11. Present Address of Registrant 230 W 2nd N.St. Anthony, Idaho	
	12. Signature of Notary La Monte Bauer Clerk of District Court				13. Notary Commission expires elective 19	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document application for insurance		By whom issued and signed Idaho Mutual Benefit Assoc.	Date issued ----	Date Orig. Entry Feb. 18, 1946
	Date of Birth Oct. 26, 1897	Birth Place Plano, Idaho	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 2.	Type of Document statement regarding school census record		By whom issued and signed La Monte Bauer, Clerk	Date issued April 10, 1962	Date Orig. Entry September 1907
	Date of Birth Age: 9	Birth Place -----	Full Name of Mother -----	Name of Father Charles Thomas Robertson	
SUPPORTING RECORD 3.	Type of Document affidavit by neighbor at time of birth age: 82		By whom issued and signed H. A. Brown	Date issued April 23, 1926	Date Orig. Entry -----
	Date of Birth Oct. 26, 1897	Birth Place Plano, Idaho	Full Name of Mother Pauletta Harris Robertson	Name of Father Charles Thomas Robertson	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar W. W. Benson	Evidence reviewed by sm Shirley Miller	Date Filed April 24, 1962





349-126-066-417

374

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 62-374

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Kenneth Curtis</u>			2. Date (month) (day) (year) Of Birth <u>June</u> <u>26</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Cassia</u> <u>USA</u>	b. City or Town of Birth State <u>Oakley</u> <u>Idaho</u>		
FATHER	6. Full Name of Father <u>William Van Orden Curtis</u>			7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Eliza Ann Maxfield</u>			9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Kenneth Curtis</u>		11. Present Address of Registrant <u>426 Broadway</u> <u>Buhl Ida.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 23 1962</u>			12. Signature of Notary <u>Thurston W. DePue</u> <u>Kenneth Curtis</u>		13. Notary Commission expires <u>1/21/63</u> <u>19</u>
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1	Type of Document <u>Own child's birth certificate</u>		By whom issued and signed <u>File #65949</u>		Date issued ----	Date Orig. Entry <u>December 7, 1918</u>
	Date of Birth <u>Age 21</u>	Birth Place <u>Idaho</u>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>The Prudential Ins. Company</u> <u>Newark, N. J.</u>		Date issued <u>March 30, 1945</u>	Date Orig. Entry <u>March 30, 1945</u>
	Date of Birth <u>June 26, 1897</u>	Birth Place -----	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3	Type of Document <u>Church Record</u>		By whom issued and signed <u>Cassia Stake, Oakley Ward</u>		Date issued ----	Date Orig. Entry <u>September 5, 1897</u>
	Date of Birth <u>June 26, 1897</u>	Birth Place <u>Oakley, Cassia County, Idaho</u>	Full Name of Mother <u>Eliza Maxfield</u>		Name of Father <u>W. V. Curtis</u>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar  <u>W. W. Benson</u>		Evidence reviewed by  <u>ec Elaine Coy</u>			Date Filed  <u>May 7, 1962</u>

470-23 2D 104 114 114

<p>1. Name of person to whom the property was transferred</p> <p>2. Date of transfer</p> <p>3. State of transfer</p> <p>4. Name of person to whom the property was transferred</p> <p>5. Date of transfer</p> <p>6. State of transfer</p> <p>7. Name of person to whom the property was transferred</p> <p>8. Date of transfer</p> <p>9. State of transfer</p> <p>10. Name of person to whom the property was transferred</p> <p>11. Date of transfer</p> <p>12. State of transfer</p>	<p>1. Name of person to whom the property was transferred</p> <p>2. Date of transfer</p> <p>3. State of transfer</p> <p>4. Name of person to whom the property was transferred</p> <p>5. Date of transfer</p> <p>6. State of transfer</p> <p>7. Name of person to whom the property was transferred</p> <p>8. Date of transfer</p> <p>9. State of transfer</p> <p>10. Name of person to whom the property was transferred</p> <p>11. Date of transfer</p> <p>12. State of transfer</p>	<p>1. Name of person to whom the property was transferred</p> <p>2. Date of transfer</p> <p>3. State of transfer</p> <p>4. Name of person to whom the property was transferred</p> <p>5. Date of transfer</p> <p>6. State of transfer</p> <p>7. Name of person to whom the property was transferred</p> <p>8. Date of transfer</p> <p>9. State of transfer</p> <p>10. Name of person to whom the property was transferred</p> <p>11. Date of transfer</p> <p>12. State of transfer</p>	<p>1. Name of person to whom the property was transferred</p> <p>2. Date of transfer</p> <p>3. State of transfer</p> <p>4. Name of person to whom the property was transferred</p> <p>5. Date of transfer</p> <p>6. State of transfer</p> <p>7. Name of person to whom the property was transferred</p> <p>8. Date of transfer</p> <p>9. State of transfer</p> <p>10. Name of person to whom the property was transferred</p> <p>11. Date of transfer</p> <p>12. State of transfer</p>
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# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-375

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Elsie Thompson</u>			2. Date (month) (day) (year) Of Birth <u>Sept.</u> <u>26</u> <u>1897</u>		
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Latah County</u>	b. City or Town of Birth <u>rural (near Potlatch)</u>		
<b>FATHER</b>	6. Full Name of Father <u>William N. Thompson</u>			7. State or Country of Father's Birth <u>Pennsylvania, U.S.A.</u>		
<b>MOTHER</b>	8. Full Maiden Name of Mother <u>Susanna Margaret Dial</u>			9. State or Country of Mother's Birth <u>Kansas, U.S.A.</u>		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Elsie Thompson</u>		
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <u>March 23</u> <u>19 62</u>			11. Present Address of Registrant <u>Box 161, Rt. 2 Cheney, Wash</u>		
				12. Signature of Notary <u>Ken M. And</u>		
				13. Notary Commission expires <u>Jan. 27</u> <u>19 63</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1.</b>	Type of Document affidavit by sister, born <u>March 18, 1886</u>		By whom issued and signed <u>Millie Thompson McCown</u>	Date issued <u>April 3, 1962</u>	Date Orig. Entry -----
	Date of Birth <u>Sept. 26, 1897</u>	Birth Place <u>Latah County Near Potlatch Ida.</u>	Full Name of Mother <u>Susanna Margaret Dial</u>	Name of Father <u>William N. Thompson</u>	
<b>SUPPORTING RECORD 2.</b>	Type of Document application for membership		By whom issued and signed <u>Blanche Peuce, Secy. Rebekah Lodge No. 24 IOOF</u>	Date issued <u>April 17, 1945</u>	Date Orig. Entry <u>April 17, 1945</u>
	Date of Birth <u>Sept. 26, 1897</u>	Birth Place -----	Full Name of Mother -----	Name of Father -----	
<b>SUPPORTING RECORD 3.</b>	Type of Document application for life insurance		By whom issued and signed <u>Northern Life Insurance Company</u>	Date issued -----	Date Orig. Entry <u>Oct. 23, 1931</u>
	Date of Birth <u>Age: 34</u>	Birth Place <u>Idaho</u>	Full Name of Mother -----	Name of Father -----	

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Shirley Miller</u>	Date Filed <u>May 8, 1962</u>



962-117-022-466

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-376

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth Orville Joseph Robertson			2. Date (month) (day) (year) Of Birth May 17 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Fremont	b. City or Town of Birth Plano, Idaho		
<b>FATHER</b>	6. Full Name of Father Joseph Thomas Robertson			7. State or Country of Father's Birth Canada		
<b>MOTHER</b>	8. Full Maiden Name of Mother Aseneth Moon			9. State or Country of Mother's Birth Malad, Idaho		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Orville Joseph Robertson</i>		11. Present Address of Registrant St Anthony, Idaho
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on February 21 1962			12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires January 20 1965

## APPLICANT - DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1-</b>	Type of Document Certificate of Baptism		By whom issued and signed Ernest Blaser, Bishop		Date issued Aug. 4, 1918	Date Orig. Entry baptized Aug. 4, 1918
	Date of Birth May 17, 1897	Birth Place Plano, Idaho	Full Name of Mother Senith Moon		Name of Father Joseph T. Robertson	
<b>SUPPORTING RECORD 2-</b>	Type of Document Life Insurance Policy		By whom issued and signed Kansas City Life Insurance Company		Date issued ---	Date Orig. Entry April 25, 1936
	Date of Birth May 17, 1897	Birth Place Idaho	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 3-</b>	Type of Document own child's birth certificate		By whom issued and signed File No. 127009, Idaho		Date issued -----	Date Orig. Entry child born Oct. 16, 1924
	Date of Birth Age: 27	Birth Place Plano, Idaho	Full Name of Mother -----		Name of Father -----	

<b>QUALIFYING INFORMATION</b>			
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by sm Shirley Miller	Date Filed May 8, 1962

# DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

MAY 8 1962

1. Name of child at birth WILLIE JOSEPH ROBERTSON	2. Sex Male	3. Date of birth May 17 1962
4. Place of birth Trenton	5. Name of mother Joseph Thomas Robertson	6. Name of father WILLIAM ROBERTSON
7. Name of child at birth WILLIE JOSEPH ROBERTSON	8. Date of birth May 17 1962	9. Place of birth Trenton
10. Name of mother Joseph Thomas Robertson	11. Name of father WILLIAM ROBERTSON	12. Date of birth May 17 1962
13. Name of child at birth WILLIE JOSEPH ROBERTSON	14. Date of birth May 17 1962	15. Place of birth Trenton
16. Name of mother Joseph Thomas Robertson	17. Name of father WILLIAM ROBERTSON	18. Date of birth May 17 1962
19. Name of child at birth WILLIE JOSEPH ROBERTSON	20. Date of birth May 17 1962	21. Place of birth Trenton
22. Name of mother Joseph Thomas Robertson	23. Name of father WILLIAM ROBERTSON	24. Date of birth May 17 1962



1. Name of child at birth WILLIE JOSEPH ROBERTSON	2. Sex Male	3. Date of birth May 17 1962
4. Place of birth Trenton	5. Name of mother Joseph Thomas Robertson	6. Name of father WILLIAM ROBERTSON
7. Name of child at birth WILLIE JOSEPH ROBERTSON	8. Date of birth May 17 1962	9. Place of birth Trenton
10. Name of mother Joseph Thomas Robertson	11. Name of father WILLIAM ROBERTSON	12. Date of birth May 17 1962
13. Name of child at birth WILLIE JOSEPH ROBERTSON	14. Date of birth May 17 1962	15. Place of birth Trenton
16. Name of mother Joseph Thomas Robertson	17. Name of father WILLIAM ROBERTSON	18. Date of birth May 17 1962
19. Name of child at birth WILLIE JOSEPH ROBERTSON	20. Date of birth May 17 1962	21. Place of birth Trenton
22. Name of mother Joseph Thomas Robertson	23. Name of father WILLIAM ROBERTSON	24. Date of birth May 17 1962

1. Name of child at birth WILLIE JOSEPH ROBERTSON	2. Sex Male	3. Date of birth May 17 1962
4. Place of birth Trenton	5. Name of mother Joseph Thomas Robertson	6. Name of father WILLIAM ROBERTSON
7. Name of child at birth WILLIE JOSEPH ROBERTSON	8. Date of birth May 17 1962	9. Place of birth Trenton
10. Name of mother Joseph Thomas Robertson	11. Name of father WILLIAM ROBERTSON	12. Date of birth May 17 1962
13. Name of child at birth WILLIE JOSEPH ROBERTSON	14. Date of birth May 17 1962	15. Place of birth Trenton
16. Name of mother Joseph Thomas Robertson	17. Name of father WILLIAM ROBERTSON	18. Date of birth May 17 1962
19. Name of child at birth WILLIE JOSEPH ROBERTSON	20. Date of birth May 17 1962	21. Place of birth Trenton
22. Name of mother Joseph Thomas Robertson	23. Name of father WILLIAM ROBERTSON	24. Date of birth May 17 1962

458-123-003-281

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-453

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Henry Earl Meyers</b>			2. Date (month) (day) (year) <b>September 23 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Arimo, Idaho</b>	b. City or Town of Birth <b>Arimo, Idaho</b>		
<b>FATHER</b>	6. Full Name of Father <b>Jacob D. Meyers</b>			7. State or Country of Father's Birth <b>Switzerland</b>		
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Bertha Sharer</b>			9. State or Country of Mother's Birth <b>Switzerland</b>		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Henry Earl Meyers</i>		11. Present Address of Registrant <b>Rt # 2 Rexburg, Idaho</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <b>May 31 19 62</b>			12. Signature of Notary <i>Shirley Miller</i>		13. Notary Commission expires <b>January 20 1965</b>

<b>APPLICANT - DO NOT WRITE BELOW THIS LINE</b>						
<b>SUPPORTING RECORD 1-</b>	Type of Document <b>own child's birth certificate</b>		By whom issued and signed <b>File No. 25, 129536</b>		Date issued -----	Date Orig. Entry <b>child born Jan. 25, 1925</b>
	Date of Birth <b>Age: 27</b>	Birth Place <b>Idaho</b>	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>application for insurance</b>		By whom issued and signed <b>Western Life Insurance Co.</b>		Date issued -----	Date Orig. Entry <b>Feb. 28, 1953</b>
	Date of Birth <b>Sept. 23, 1897</b>	Birth Place <b>Arimo, Idaho</b>	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>record of Baptism</b>		By whom issued and signed <b>Harold . Hymas, Ward Clerk L.D.S. Church</b>		Date issued -----	Date Orig. Entry <b>baptized Dec. 29, 1907</b>
	Date of Birth <b>Sept. 23, 1897</b>	Birth Place <b>Arimo, Idaho</b>	Full Name of Mother <b>Bertha Scharer</b>		Name of Father <b>Jacob J. Meyers</b>	
<b>QUALIFYING INFORMATION</b>						
<b>REGISTRAR'S CERTIFICATION</b> (seal)						
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			State Registrar <i>W. Benson</i>		Evidence reviewed by <b>Shirley Miller</b>	
					Date Filed <b>June 6, 1962</b>	



1962 JUN 6

STATE OF IOWA  
DELATED CERTIFICATE OF BIRTH

*Wah*

1. Name of child <b>Bertha Sharer</b>		2. Sex <b>Female</b>		3. Date of birth <b>September 23 1902</b>		4. Month <b>September</b>		5. Year <b>1902</b>	
6. Place of birth <b>Switzerland</b>		7. Name of father <b>Jacob H. Meyers</b>		8. Name of mother <b>Bertha Sharer</b>		9. State of birth of father <b>Switzerland</b>		10. State of birth of mother <b>Switzerland</b>	
11. Present address of registrant <b>St. Louis, Missouri</b>		12. Signature of registrant <i>[Signature]</i>		13. Signature of father <i>[Signature]</i>		14. Signature of mother <i>[Signature]</i>		15. Date of filing <b>January 20 1962</b>	



16. Date of issue <b>January 20 1962</b>		17. Date of filing <b>January 20 1962</b>		18. Date of birth <b>September 23 1902</b>		19. Date of issue <b>January 20 1962</b>		20. Date of filing <b>January 20 1962</b>	
21. Date of issue <b>January 20 1962</b>		22. Date of filing <b>January 20 1962</b>		23. Date of birth <b>September 23 1902</b>		24. Date of issue <b>January 20 1962</b>		25. Date of filing <b>January 20 1962</b>	

26. Date of issue <b>January 20 1962</b>		27. Date of filing <b>January 20 1962</b>		28. Date of birth <b>September 23 1902</b>		29. Date of issue <b>January 20 1962</b>		30. Date of filing <b>January 20 1962</b>	
31. Date of issue <b>January 20 1962</b>		32. Date of filing <b>January 20 1962</b>		33. Date of birth <b>September 23 1902</b>		34. Date of issue <b>January 20 1962</b>		35. Date of filing <b>January 20 1962</b>	

313-108-026-414

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-467

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Floyd Call			2. Date (month) (day) (year) Of Birth June 8, 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Jefferson	b. City or Town of Birth Rigby		
FATHER	6. Full Name of Father Omer S. Call			7. State or Country of Father's Birth Utah		
MOTHER	8. Full Maiden Name of Mother Annie M. Madsen			9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Floyd Call		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on April 19 1962			12. Signature of Notary Ray F. Latta		13. Notary Commission expires 7-6- 1964

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document duplicate Certificate of Baptism and Confirmation		By whom issued and signed Floyd R. Wood, Bishop		Date issued April 11, 1962	Date Orig. Entry baptized July 1, 1905
	Date of Birth June 8, 1897	Birth Place Rigby, Idaho Jefferson County	Full Name of Mother Annie M. Madsen		Name of Father Omer S. Call	
SUPPORTING RECORD 2.	Type of Document application for insurance		By whom issued and signed Mutual Benefit Health and Accident Association		Date issued June 7, 1945	Date Orig. Entry May 28, 1945
	Date of Birth June 8, 1897	Birth Place Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document notarized photo copy of Family Record		By whom issued and signed John L. Bloem, Notary Public		Date issued June 4, 1962	Date Orig. Entry obviously old
	Date of Birth June 8, 1897	Birth Place -----	Full Name of Mother Anna M. Madsen		Name of Father Omer S. Call	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by Sm Sm Shirley Miller	Date Filed June 7, 1962



813-112-036-819

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-505

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Golden Harris Hale</b>				2. Date (month) (day) (year) Of Birth <b>April 12, 1897</b>			
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County (Now Bannock) <b>Oneida</b>		b. City or Town of Birth <b>Cleveland (Idaho)</b>			
FATHER	6. Full Name of Father <b>Ernest Frederick Hale</b>				7. State or Country of Father's Birth <b>Grantsville, Utah</b>			
MOTHER	8. Full Maiden Name of Mother <b>Drusilla Elizabeth Harris</b>				9. State or Country of Mother's Birth <b>Richmond, Utah</b>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Golden Harris Hale</i>		11. Present Address of Registrant <b>120 Marjacq Av., Idaho Falls</b>	
NOTARY (Seal)	Subscribed and sworn to before me on <b>May 7, 1962</b>				12. Signature of Notary <i>A. W. Hunter</i>		13. Notary Commission expires <b>2-20-1964</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Passport</b>		By whom issued and signed <b>United States of America Edward V. Horne, Asst. Att. Gen.</b>		Date issued -----	Date Orig. Entry <b>June 5, 1950</b>
	Date of Birth <b>April 12, 1897</b>	Birth Place <b>Cleveland, Idaho</b>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document <b>Certificate of permission to return to the United States.</b>		By whom issued and signed <b>Government House, American Samoa, Warren J. Terhune, Gov.</b>		Date issued <b>September</b>	Date Orig. Entry <b>13, 1920</b>
	Date of Birth <b>April 12, 1897</b>	Birth Place <b>Cleveland, Idaho</b>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3-	Type of Document <b>Church certificate of birth</b>		By whom issued and signed <b>L.D.S. CHURCH, Salt Lake City, Utah</b>		Date issued <b>May 4, 1948</b>	Date Orig. Entry <b>Feb. 7, 1917</b>
	Date of Birth <b>April 12, 1897</b>	Birth Place <b>Cleveland, Idaho Bannock Co.</b>	Full Name of <del>FATHER</del> Father <b>Ernest F. Hale</b>		Name of <del>FATHER</del> mother <b>Drusilla Harris</b>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>Shirley Miller</b>	Date Filed <b>June 26, 1962</b>
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JUN 27 1962

DELAWARE CERTIFICATE OF BIRTH  
STATE OF DELAWARE

*File*

Name of child at birth <i>Harold H. H. H.</i>		Date of birth <i>1962</i>	
Place of birth <i>Delaware</i>		Sex <i>Male</i>	
Parents' names <i>Harold H. H. H.</i>		Maiden name of mother <i>Harold H. H. H.</i>	
City or town of birth <i>Delaware</i>		County of birth <i>Delaware</i>	
State of birth <i>Delaware</i>		Country of birth <i>United States of America</i>	
Date of registration <i>1962</i>		Place of registration <i>Delaware</i>	
Name of registrar <i>Harold H. H. H.</i>		Signature of registrar <i>Harold H. H. H.</i>	
Date of filing <i>1962</i>		Place of filing <i>Delaware</i>	
Name of filer <i>Harold H. H. H.</i>		Signature of filer <i>Harold H. H. H.</i>	
Date of issue <i>1962</i>		Place of issue <i>Delaware</i>	
Name of issuer <i>Harold H. H. H.</i>		Signature of issuer <i>Harold H. H. H.</i>	
Date of completion <i>1962</i>		Place of completion <i>Delaware</i>	
Name of completer <i>Harold H. H. H.</i>		Signature of completer <i>Harold H. H. H.</i>	
Date of recording <i>1962</i>		Place of recording <i>Delaware</i>	
Name of recorder <i>Harold H. H. H.</i>		Signature of recorder <i>Harold H. H. H.</i>	
Date of return <i>1962</i>		Place of return <i>Delaware</i>	
Name of returner <i>Harold H. H. H.</i>		Signature of returner <i>Harold H. H. H.</i>	
Date of receipt <i>1962</i>		Place of receipt <i>Delaware</i>	
Name of receiver <i>Harold H. H. H.</i>		Signature of receiver <i>Harold H. H. H.</i>	
Date of delivery <i>1962</i>		Place of delivery <i>Delaware</i>	
Name of deliverer <i>Harold H. H. H.</i>		Signature of deliverer <i>Harold H. H. H.</i>	
Date of completion <i>1962</i>		Place of completion <i>Delaware</i>	
Name of completer <i>Harold H. H. H.</i>		Signature of completer <i>Harold H. H. H.</i>	
Date of recording <i>1962</i>		Place of recording <i>Delaware</i>	
Name of recorder <i>Harold H. H. H.</i>		Signature of recorder <i>Harold H. H. H.</i>	
Date of return <i>1962</i>		Place of return <i>Delaware</i>	
Name of returner <i>Harold H. H. H.</i>		Signature of returner <i>Harold H. H. H.</i>	
Date of receipt <i>1962</i>		Place of receipt <i>Delaware</i>	
Name of receiver <i>Harold H. H. H.</i>		Signature of receiver <i>Harold H. H. H.</i>	
Date of delivery <i>1962</i>		Place of delivery <i>Delaware</i>	
Name of deliverer <i>Harold H. H. H.</i>		Signature of deliverer <i>Harold H. H. H.</i>	

719-121-016-313

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-506

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Ellis Robert Parish			2. Date (month) (day) (year) Of Birth August 21st 1897	
	3. Color or Race white	4. Sex male	5. Place of Birth a. County Elba, Cassia County, Idaho	b. City or Town of Birth Elba	
FATHER	6. Full Name of Father Frederick Walter Parish			7. State or Country of Father's Birth England	
MOTHER	8. Full Maiden Name of Mother <del>Henrietta</del> Henrietta Call			9. State or Country of Mother's Birth Willard, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ellis Robert Parish</i>	11. Present Address of Registrant Elba, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 27th day of April, 1962			12. Signature of Notary <i>Marie H. Burgess</i> State of Idaho, residing at <i>Idaho Falls</i>	13. Notary Commission expires December 23rd 1964

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Insurance Policy		By whom issued and signed Idaho Mutual Benefit Ass'n. #32278	Date Issued March 28, 1956	Date Orig. Entry March 28, 1956
	Date of Birth August 21, 1897	Birth Place Elba, Idaho	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 2-	Type of Document Employment Record		By whom issued and signed Bureau of Land Management	Date Issued September 10, 1956	Date Orig. Entry September 10, 1956
	Date of Birth August 21, 1897	Birth Place -----	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 3-	Type of Document duplicate Certificate of Blessing		By whom issued and signed E.A. Attley, Clerk, L.D.S. Church	Date Issued June 14, 1962	Date Orig. Entry blessed Oct. 2, 1897
	Date of Birth Aug. 21, 1897	Birth Place Elba, Idaho Cassia County	Full Name of Mother Henrietta Call	Name of Father Frederick W. Parish	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

ec

shirley Miller

Date Filed

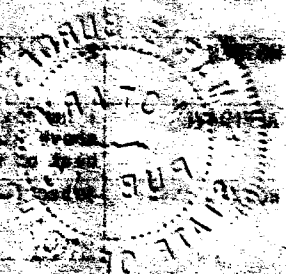
June 26, 1962

JUL 27 1967

DELETED CERTIFICATE OF BIRTH  
STATE OF IDAHO

1967-200

1. Name of child at birth	2. Sex of child	3. Date of birth	4. Place of birth	5. State of birth
6. Name of mother	7. Name of father	8. Date of marriage	9. Place of marriage	10. State of marriage
11. Name of registrar	12. Signature of registrar	13. Date of registration	14. Place of registration	15. State of registration



16. Name of child at birth	17. Sex of child	18. Date of birth	19. Place of birth	20. State of birth
21. Name of mother	22. Name of father	23. Date of marriage	24. Place of marriage	25. State of marriage
26. Name of registrar	27. Signature of registrar	28. Date of registration	29. Place of registration	30. State of registration

31. Name of child at birth	32. Sex of child	33. Date of birth	34. Place of birth	35. State of birth
36. Name of mother	37. Name of father	38. Date of marriage	39. Place of marriage	40. State of marriage
41. Name of registrar	42. Signature of registrar	43. Date of registration	44. Place of registration	45. State of registration

861-131-024-392

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-558

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>William Lish Hoagland</i>				2. Date (month) (day) (year) Of Birth <i>Aug 31st 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Hagerman</i>	a. County <i>Gooding</i>	b. City or Town of Birth <i>Hagerman Idaho</i>	
FATHER	6. Full Name of Father <i>Edward Taylor Hoagland</i>				7. State or Country of Father's Birth <i>Salt Lake City Utah</i>	
MOTHER	8. Full Maiden Name of Mother <i>Sarah Emaline Lish</i>				9. State or Country of Mother's Birth <i>Salt Lake City Utah</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>William Lish Hoagland</i>		11. Present Address of Registrant <i>melba Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>2th July 1962</i>			12. Signature of Notary <i>E. L. Webb</i>		13. Notary Commission expires <i>Feb-3- 1964</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1-	Type of Document Affidavit by sister Age 74		By whom issued and signed Matilda L. Wood		Date Issued July 6, 1962	Date Orig. Entry -----
	Date of Birth August 31, 1897	Birth Place Hagerman, Idaho	Full Name of <del>father</del> father Edward Taylor Hoagland		Name of <del>father</del> mother -----	
SUPPORTING RECORD 2-	Type of Document Own childs birth certificate		By whom issued and signed File #239177 in Idaho		Date Issued Nov. 27, 1935	Date Orig. Entry Nov. 27, 1935
	Date of Birth Age 38	Birth Place Hagerman, Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3-	Type of Document Certificate of Baptism and Confirmation		By whom issued and signed Owen Alder, Bishop		Date Issued July 12, 1962	Date Orig. Entry baptized Aug. 31, 1905
	Date of Birth Aug. 31, 1897	Birth Place Hagerman, Idaho	Full Name of Mother Sarah E. Lish		Name of Father Edward T. Hoagland	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Jensen</i>	Evidence reviewed by ec Shirley Miller	Date Filed July 17, 1962



1962 JUL 81

STATE OF IOWA  
DEPARTMENT OF HEALTH

STATE OF IOWA  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS

<p>1. Name of child: <u>John Doe</u></p>		<p>2. Sex: <u>Male</u></p>		<p>3. Date of birth: <u>July 1, 1962</u></p>		<p>4. Place of birth: <u>John Doe Hospital</u></p>		<p>5. Name of attending physician: <u>Dr. John Doe</u></p>		<p>6. Name of hospital: <u>John Doe Hospital</u></p>		<p>7. Name of mother: <u>John Doe</u></p>		<p>8. Name of father: <u>John Doe</u></p>		<p>9. Date of registration: <u>July 1, 1962</u></p>		<p>10. Date of filing: <u>July 1, 1962</u></p>	
<p>11. Signature of mother: <u>[Signature]</u></p>		<p>12. Signature of father: <u>[Signature]</u></p>		<p>13. Signature of physician: <u>[Signature]</u></p>		<p>14. Signature of registrar: <u>[Signature]</u></p>		<p>15. Signature of clerk: <u>[Signature]</u></p>		<p>16. Signature of auditor: <u>[Signature]</u></p>		<p>17. Signature of supervisor: <u>[Signature]</u></p>		<p>18. Signature of director: <u>[Signature]</u></p>		<p>19. Signature of assistant director: <u>[Signature]</u></p>		<p>20. Signature of secretary: <u>[Signature]</u></p>	
<p>21. Date of birth: <u>July 1, 1962</u></p>		<p>22. Sex: <u>Male</u></p>		<p>23. Name of child: <u>John Doe</u></p>		<p>24. Name of mother: <u>John Doe</u></p>		<p>25. Name of father: <u>John Doe</u></p>		<p>26. Date of registration: <u>July 1, 1962</u></p>		<p>27. Date of filing: <u>July 1, 1962</u></p>		<p>28. Date of audit: <u>July 1, 1962</u></p>		<p>29. Date of review: <u>July 1, 1962</u></p>		<p>30. Date of approval: <u>July 1, 1962</u></p>	



Handwritten signature: John Doe

6-28-62

FORM NO. 100

665-227-036-751

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-584

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Frances Owens.</i>				2. Date (month) (day) (year) Of Birth <i>August 27 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth a. County <i>Oneida Co.</i>		b. City or Town of Birth <i>Malad City Idaho.</i>		
FATHER	6. Full Name of Father <i>Edward James Owens</i>				7. State or Country of Father's Birth <i>Ogden Utah.</i>		
MOTHER	8. Full Maiden Name of Mother <i>Ellen Eliza Peabody.</i>				9. State or Country of Mother's Birth <i>Idaho. Oneida Co.</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Frances Owens Brown</i>		11. Present Address of Registrant <i>Downey Calif.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 26 1962</i>				12. Signature of Notary <i>Ellen J. Martyn</i>		13. Notary Commission Expires <i>August 1, 1962</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document certified copy of marriage license		By whom issued and signed Jerry E. Jensen, Deputy Clerk		Date issued Oct. 13, 1960	Date Orig. Entry Oct. 31, 1916
	Date of Birth Age: 19	Birth Place -----	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document Certificate of Baptism and Confirmation		By whom issued and signed J. Peter Jensen, Bishop		Date issued Aug. 6, 1911	Date Orig. Entry baptized Aug. 5, 1911
	Date of Birth Aug. 27, 1897	Birth Place Malad, Idaho Oneida County	Full Name of Mother Ellen Peabody		Name of Father Edward T. Owens	
SUPPORTING RECORD 3.	Type of Document own child's birth certificate		By whom issued and signed File No. 74959, Idaho		Date issued -----	Date Orig. Entry child born Oct. 22, 1919
	Date of Birth Age: 22	Birth Place Malad, Idaho	Full Name of Mother -----		Name of Father -----	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
*W. H. Jensen*

Evidence reviewed by

Shirley Miller

Date Filed

July 31, 1962

**JUL 31 1962**

10-11-61

SECRET

796-116-004-331

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-621

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Howard Winston Groo</i>				2. Date (month) (day) (year) Of Birth <i>January 16 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>male</i>	5. Place of Birth <i>Bear Lake</i>	6. City or Town of Birth <i>Montpelier</i>		
FATHER	6. Full Name of Father <i>Howard Hunter Groo</i>				7. State or Country of Father's Birth <i>Utah</i>	
MOTHER	8. Full Maiden Name of Mother <i>Martha Priscilla Clark</i>				9. State or Country of Mother's Birth <i>Idaho</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>H. Winston Groo</i>	11. Present Address of Registrant <i>Montpelier, Idaho; 206 N-3rd Street</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>8-10 1962</i>				12. Signature of Notary <i>Lulu A. McAuliffe</i>	13. Notary Commission expires <i>9-16 1965</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Family Record</i>		By whom issued and signed <i>Family Record</i>		Date issued <i>obviously old</i>	Date Orig. Entry <i>old</i>
	Date of Birth <i>Jan. 16, 1897</i>	Birth Place <i>-----</i>	Full Name of Mother <i>Martha Priscilla Clark Groo</i>		Name of Father <i>Howard Hunter Groo</i>	
SUPPORTING RECORD 2-	Type of Document <i>affidavit by uncle, age: 79</i>		By whom issued and signed <i>J. Smith Phelps</i>		Date issued <i>July 2, 1962</i>	Date Orig. Entry <i>-----</i>
	Date of Birth <i>Jan. 16, 1897</i>	Birth Place <i>Montpelier, Idaho</i>	Full Name of Mother <i>Martha Priscilla Clark Groo</i>		Name of Father <i>Howard Hunter Groo</i>	
SUPPORTING RECORD 3-	Type of Document <i>Census Record</i>		By whom issued and signed <i>U.S. Bureau of the Census Washington, D.C.</i>		Date issued <i>June 14, 1962</i>	Date Orig. Entry <i>Jan. 1, 1920</i>
	Date of Birth <i>Age: 22</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Priscilla Groo</i>		Name of Father <i>Howard Groo</i>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

*W. W. Benson*

Evidence reviewed by

*Shirley Miller*

Date Filed

*August 13, 1962*

DELETED CERTIFICATE OF BIRTH  
STATE OF TEXAS

AUG 14 1962

NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE OF DEATH
JOHN W. BROWN	1910	TEXAS	
MARY A. BROWN	1912	TEXAS	
JOHN W. BROWN	1914	TEXAS	
MARY A. BROWN	1916	TEXAS	
JOHN W. BROWN	1918	TEXAS	
MARY A. BROWN	1920	TEXAS	
JOHN W. BROWN	1922	TEXAS	
MARY A. BROWN	1924	TEXAS	
JOHN W. BROWN	1926	TEXAS	
MARY A. BROWN	1928	TEXAS	
JOHN W. BROWN	1930	TEXAS	
MARY A. BROWN	1932	TEXAS	
JOHN W. BROWN	1934	TEXAS	
MARY A. BROWN	1936	TEXAS	
JOHN W. BROWN	1938	TEXAS	
MARY A. BROWN	1940	TEXAS	
JOHN W. BROWN	1942	TEXAS	
MARY A. BROWN	1944	TEXAS	
JOHN W. BROWN	1946	TEXAS	
MARY A. BROWN	1948	TEXAS	
JOHN W. BROWN	1950	TEXAS	
MARY A. BROWN	1952	TEXAS	
JOHN W. BROWN	1954	TEXAS	
MARY A. BROWN	1956	TEXAS	
JOHN W. BROWN	1958	TEXAS	
MARY A. BROWN	1960	TEXAS	
JOHN W. BROWN	1962	TEXAS	



NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE OF DEATH
JOHN W. BROWN	1910	TEXAS	
MARY A. BROWN	1912	TEXAS	
JOHN W. BROWN	1914	TEXAS	
MARY A. BROWN	1916	TEXAS	
JOHN W. BROWN	1918	TEXAS	
MARY A. BROWN	1920	TEXAS	
JOHN W. BROWN	1922	TEXAS	
MARY A. BROWN	1924	TEXAS	
JOHN W. BROWN	1926	TEXAS	
MARY A. BROWN	1928	TEXAS	
JOHN W. BROWN	1930	TEXAS	
MARY A. BROWN	1932	TEXAS	
JOHN W. BROWN	1934	TEXAS	
MARY A. BROWN	1936	TEXAS	
JOHN W. BROWN	1938	TEXAS	
MARY A. BROWN	1940	TEXAS	
JOHN W. BROWN	1942	TEXAS	
MARY A. BROWN	1944	TEXAS	
JOHN W. BROWN	1946	TEXAS	
MARY A. BROWN	1948	TEXAS	
JOHN W. BROWN	1950	TEXAS	
MARY A. BROWN	1952	TEXAS	
JOHN W. BROWN	1954	TEXAS	
MARY A. BROWN	1956	TEXAS	
JOHN W. BROWN	1958	TEXAS	
MARY A. BROWN	1960	TEXAS	
JOHN W. BROWN	1962	TEXAS	

281-220-043-366

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-670

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Mary Rose Shaw</b>			2. Date (month) (day) (year) Of Birth <b>October 20 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth <b>McCall</b>	a. County <b>Valley</b> b. City or Town of Birth <b>McCall, Idaho</b>	
FATHER	6. Full Name of Father <b>Clarence Shaw</b>			7. State or Country of Father's Birth <b>Indiana</b>	
MOTHER	8. Full Maiden Name of Mother <b>Fannie Isabel Coonrod</b>			9. State or Country of Mother's Birth <b>Kansas, Mo.</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mary Rose Shaw Nelson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 15 1962</i>			11. Present Address of Registrant <b>Homedale, Idaho</b>	
	12. Signature of Notary <i>Deloris E. Chevalier</i>			13. Notary Commission expires <b>3/20 1963</b>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document certified copy of own child's birth certificate		By whom issued and signed File #231332, Idaho		Date Issued Apr. 30, 1953	Date Orig. Entry child born April 14, 1935
	Date of Birth Age: 37	Birth Place Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document Family Bible Record		By whom issued and signed Old Family Bible Record		Date issued -----	Date Orig. Entry obviously old
	Date of Birth October 20, 1897	Birth Place McCall, Idaho	Full Name of Mother Fannie Isabel Shaw		Name of Father Clarence Shaw	
SUPPORTING RECORD 3.	Type of Document Age: 74 affidavit by older brother		By whom issued and signed Clarence Irl Shaw		Date issued Aug. 28, 1962	Date Orig. Entry ---
	Date of Birth Oct. 20, 1897	Birth Place McCall, Idaho	Full Name of Mother Fannie Isabel Coonrod Shaw		Name of Father Clarence Shaw	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. B. Benson</i>		Evidence reviewed by sm ec Shirley Miller			Date Filed September 4, 1962

SEP 3 1967

October 20 1967

McGill, James

McGill, James

McGill, James

McGill, James

Person whose  
name is on  
this card

Address

City

State

Zip

Occupation

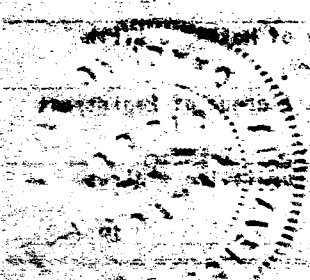
Education

Age

Sex

Religion

Other



<p>NAME OF PERSON</p> <p>McGill, James</p>	<p>DATE OF BIRTH</p> <p>10/20/1967</p>	<p>PLACE OF BIRTH</p> <p>St. Louis, MO</p>	<p>DATE OF DEATH</p> <p></p>	<p>PLACE OF DEATH</p> <p></p>	<p>DATE OF BURIAL</p> <p></p>	<p>PLACE OF BURIAL</p> <p></p>	<p>DATE OF CREMATION</p> <p></p>	<p>PLACE OF CREMATION</p> <p></p>
<p>NAME OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>
<p>NAME OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>
<p>NAME OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>	<p>DATE OF NEXT OF KIN</p> <p></p>	<p>PLACE OF NEXT OF KIN</p> <p></p>

962-217-001-239

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-62-712

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>ADA IRENE ROSE</u>				2. Date (month) (day) (year) Of Birth <u>March</u> <u>17</u> <u>1897</u>	
	3. Color or Race <u>WHITE</u>	4. Sex <u>FEMALE</u>	5. Place of Birth <u>BOISE, IDA</u>	a. County <u>ADA</u>	b. City or Town of Birth <u>Boise,</u>	
FATHER	6. Full Name of Father <u>JUDSON ROSE</u>				7. State or Country of Father's Birth <u>Illinois</u>	
MOTHER	8. Full Maiden Name of Mother <u>ELIZABETH STREDDER</u>				9. State or Country of Mother's Birth <u>England</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Ada Irene Arthur</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>November 3</u> <u>19 58</u>				11. Present Address of Registrant <u>Route 1, Box 2660</u> <u>Turlock, California</u>	
					12. Signature of Notary <u>Emma Jane Hayer</u>	
				13. Notary Commission expires <u>November 25</u> <u>19 61</u>		

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Social Security Record</u>		By whom issued and signed <u>Treasury Dept.</u>	Date issued	Date Orig. Entry <u>March 28, 1939</u>
	Date of Birth <u>March 17,</u> <u>1897</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>Emma Elizabeth Stredder</u>	Name of Father <u>Judson Rose</u>	
SUPPORTING RECORD 2-	Type of Document <u>Federal Census Record</u>		By whom issued and signed <u>U. S. Bureau of the Census</u>	Date issued <u>7-19-58</u>	Date Orig. Entry <u>April 1, 1950</u>
	Date of Birth <u>age 53</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>---</u>	Name of Father <u>---</u>	
SUPPORTING RECORD 3-	Type of Document <u>affidavit by sister in law</u> <u>Age: 79</u>		By whom issued and signed <u>Olive Rose</u>	Date issued <u>Sept. 17,</u> <u>1962</u>	Date Orig. Entry <u>---</u>
	Date of Birth <u>Mar. 17, 1897</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>Emma Stredder</u>	Name of Father <u>Judson Rose</u>	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. B...</u>		Evidence reviewed by <u>Shirley Miller</u>	Date Filed <u>September 20, 1962</u>	



# DECLAYED CERTIFICATE OF BIRTH STATE OF ALABAMA

SEP 21 1962

MAR 20 1975

NAME (Last, First, Middle)	DATE OF BIRTH	PLACE OF BIRTH	SEX	AGE	EDUCATION	RELIGION	PROFESSION	STATUS
JOHN DOE	1945	MOBILE, ALABAMA	MALE	20	HIGH SCHOOL	PROTESTANT	TECHNICIAN	SINGLE
FATHER'S NAME	MOTHER'S NAME	FATHER'S OCCUPATION	MOTHER'S OCCUPATION	FATHER'S BIRTH	MOTHER'S BIRTH	FATHER'S DEATH	MOTHER'S DEATH	REMARKS
JOHN DOE	JANE DOE	LABORER	HOUSEWIFE	1915	1920	1960	1965	
<p>DECLAYED CERTIFICATE OF BIRTH</p> <p>STATE OF ALABAMA</p> <p>DECLAYED CERTIFICATE OF BIRTH</p> <p>STATE OF ALABAMA</p> <p>DECLAYED CERTIFICATE OF BIRTH</p> <p>STATE OF ALABAMA</p>								

236-130-022-231

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-874

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth John Emmett Blomquist			2. Date of Birth April 30, 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Fremont	b. City or Town of Birth LaBelle		
FATHER	6. Full Name of Father John A. Blomquist			7. State or Country of Father's Birth Sweden		
MOTHER	8. Full Maiden Name of Mother Nellie Stallings			9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>John Emmett Blomquist</i>		11. Present Address of Registrant Big Valley, Alberta, Canada.
NOTARY (Seal)	Subscribed and sworn to before me on 13 <sup>th</sup> day of November 1962			12. Signature of Notary G. L. Harle		13. Notary Commission expires 19 MY COMMISSION IS VALID DURING PLEASURE AND IS NOW IN FORCE

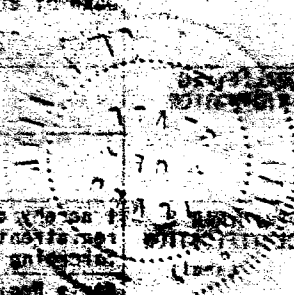
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1	Type of Document Church Record		By whom issued and signed Ella D. Jack, Custodian of Church Records LDS Church		Date issued April 17, 1962	Date Orig. Entry baptized July 1, 1905
	Date of Birth April 30, 1897	Birth Place LaBelle, Idaho	Full Name of Mother Nellie Stallings		Name of Father John A. Blomquist	
SUPPORTING RECORD 2	Type of Document photo copy of application for insurance		By whom issued and signed Mutual Benefit Health & Accident		Date issued ---	Date Orig. Entry Mar. 28, 1957
	Date of Birth April 30, 1897	Birth Place Idaho	Full Name of Mother --		Name of Father --	
SUPPORTING RECORD 3	Type of Document own child's birth certificate		By whom issued and signed File #171980, Idaho		Date issued ---	Date Orig. Entry Child born May 3, 1929
	Date of Birth Age: 32	Birth Place LaBelle, Idaho	Full Name of Mother ---		Name of Father ---	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. Benson</i>		Evidence reviewed by sm Shirley Miller		Date Filed November 29, 1962	

# STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

NOV 30 1967

MAY 1 1967

1. Name of child at birth		2. Date of birth	
John Robert Smith		April 30, 1967	
3. Place of birth		4. Date of birth	
Idaho		April 30, 1967	
5. Full name of father		6. Full name of mother	
John A. Smith		Mary A. Smith	
7. Full name of father at birth		8. Full name of mother at birth	
John A. Smith		Mary A. Smith	
9. Signature of Registrar		10. Signature of Registrar	
[Signature]		[Signature]	
11. Signature of Registrar		12. Signature of Registrar	
[Signature]		[Signature]	
13. Signature of Registrar		14. Signature of Registrar	
[Signature]		[Signature]	
15. Signature of Registrar		16. Signature of Registrar	
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17. Signature of Registrar		18. Signature of Registrar	
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19. Signature of Registrar		20. Signature of Registrar	
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21. Signature of Registrar		22. Signature of Registrar	
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23. Signature of Registrar		24. Signature of Registrar	
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25. Signature of Registrar		26. Signature of Registrar	
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39. Signature of Registrar		40. Signature of Registrar	
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93. Signature of Registrar		94. Signature of Registrar	
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95. Signature of Registrar		96. Signature of Registrar	
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97. Signature of Registrar		98. Signature of Registrar	
[Signature]		[Signature]	
99. Signature of Registrar		100. Signature of Registrar	
[Signature]		[Signature]	



*[Handwritten signature]*

I hereby certify that no other entry has been made in the Division of Vital Statistics for the birth of the child named above, and that the child named above has been lawfully born in the State of Idaho.

343-227-022-251

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-932

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Henry Lewis Luthy</b>				2. Date (month) (day) (year) Of Birth <b>January 27 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>female</b>	5. Place of Birth <b>Rexburg</b>	a. County <b>Fremont</b>	b. City or Town of Birth <b>Rexburg, Idaho</b>	
FATHER	6. Full Name of Father <b>Albert Luthy</b>				7. State or Country of Father's Birth <b>Switzerland</b>	
MOTHER	8. Full Maiden Name of Mother <b>Ellen Bean</b>				9. State or Country of Mother's Birth <b>Stratford, England</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Henry Lewis Luthy</i>		11. Present Address of Registrant <b>Route 1, Thornton, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>12th day of December 19 62</b>			12. Signature of Notary <i>Henry R. Garner</i>		13. Notary Commission expires <b>November 19 1963</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document affidavit by family friend at time of birth; age: 90		By whom issued and signed <b>J. Earl Garner</b>		Date issued <b>Dec. 12, 1962</b>	Date Orig. Entry <b>---</b>
	Date of Birth <b>Jan. 27, 1897</b>	Birth Place <b>----</b>	Full Name of Mother <b>----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 2-	Type of Document Certificate of Baptism and Confirmation		By whom issued and signed <b>Max E. Briggs, Ward Clerk</b>		Date issued <b>Nov. 14, 1962</b>	Date Orig. Entry <b>baptized Aug. 31, 1907</b>
	Date of Birth <b>Jan. 27, 1897</b>	Birth Place <b>Fremont County Rexburg, Idaho</b>	Full Name of Mother <b>Ellen Bean</b>		Name of Father <b>Albert Luthy</b>	
SUPPORTING RECORD 3-	Type of Document own child's birth certificate		By whom issued and signed <b>File # 424233, Idaho</b>		Date issued <b>----</b>	Date Orig. Entry <b>child born July 31, 1946</b>
	Date of Birth <b>Age: 49</b>	Birth Place <b>Rexburg, Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>-----</b>	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
*W. W. Benson*

Evidence reviewed by

**Shirley Miller**

Date Filed

**December 21, 1962**



547-109-025-612

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DM63-005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Francis Joseph Nuxoll</b>			2. Date (month) (day) (year) Of Birth <b>December 9 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Greencreek, Idaho</b>	b. City or Town of Birth <b>Greencreek, Idaho</b>	
FATHER	6. Full Name of Father <b>Francis G. Nuxoll</b>			7. State or Country of Father's Birth <b>Effingham, Illinois</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Wassmuth</b>			9. State or Country of Mother's Birth <b>Effingham, Illinois</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Francis J. Nuxoll</i>	11. Present Address of Registrant <b>Greencreek, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Jan. 2 1963</i>			12. Signature of Notary <i>Wayne L. Hurlbert</i>	13. Notary Commission expires <i>Sept. 28 1964</i>
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>					
SUPPORTING RECORD 1-	Type of Document <b>Own child's birth certificate</b>		By whom issued and signed <b>On file Idaho #183928</b>		Date issued -----
	Date of Birth <b>Age 32</b>	Birth Place <b>Greencreek, Idaho</b>	Full Name of Mother -----		Date Orig. Entry <b>Child born Aug. 14, 1930</b>
SUPPORTING RECORD 2.	Type of Document <b>Certificate of Baptism</b>		By whom issued and signed <b>J. B. Kunkel, Pastor Holy Cross Church, Keuterville</b>		Date issued <b>Dec. 21, 1962</b>
	Date of Birth <b>December 9, 1897</b>	Birth Place <b>Greencreek, Idaho</b>	Full Name of Mother <b>Mary Wassmuth</b>		Date Orig. Entry <b>Baptized Dec. 16, 1897</b>
SUPPORTING RECORD 3-	Type of Document <b>Affidavit by Aunt</b>		By whom issued and signed <b>Mrs. Catherina Stubbers</b>		Date issued <b>Oct. 18, 1951</b>
	Date of Birth <b>December 9, 1897</b>	Birth Place <b>Greencreek, Idaho</b>	Full Name of Mother -----		Date Orig. Entry -----
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Betty Morris</b>		Date Filed <b>Jan. 2, 1963</b>

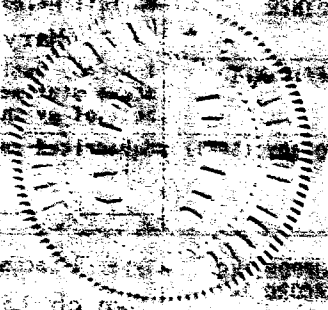
JAN 2 1963

DECEASED CERTIFICATE OF BIRTH

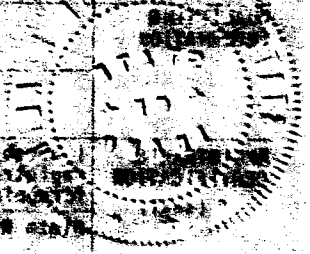
STATE OF ILLINOIS

DEPARTMENT OF HEALTH

Date of Birth 1909		Date of Death 1963	
Place of Birth Greenock, Idaho		Place of Death Greenock, Idaho	
Name Francis O. Maxwell		Name Francis O. Maxwell	
Sex Male		Sex Male	
Race White		Race White	
Date of Birth 1909		Date of Birth 1909	
Place of Birth Greenock, Idaho		Place of Birth Greenock, Idaho	
Name Francis O. Maxwell		Name Francis O. Maxwell	
Sex Male		Sex Male	
Race White		Race White	



Date of Birth 1909		Date of Birth 1909	
Place of Birth Greenock, Idaho		Place of Birth Greenock, Idaho	
Name Francis O. Maxwell		Name Francis O. Maxwell	
Sex Male		Sex Male	
Race White		Race White	
Date of Birth 1909		Date of Birth 1909	
Place of Birth Greenock, Idaho		Place of Birth Greenock, Idaho	
Name Francis O. Maxwell		Name Francis O. Maxwell	
Sex Male		Sex Male	
Race White		Race White	



Date of Birth 1909		Date of Birth 1909	
Place of Birth Greenock, Idaho		Place of Birth Greenock, Idaho	
Name Francis O. Maxwell		Name Francis O. Maxwell	
Sex Male		Sex Male	
Race White		Race White	
Date of Birth 1909		Date of Birth 1909	
Place of Birth Greenock, Idaho		Place of Birth Greenock, Idaho	
Name Francis O. Maxwell		Name Francis O. Maxwell	
Sex Male		Sex Male	
Race White		Race White	

849-102-029-514

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-031

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Vaughan Cornelius Hurt</b>			2. Date (month) (day) (year) of Birth <b>Sept. 2 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Latah</b>		b. City or Town of Birth <b>MOSCOW</b>	
<b>FATHER</b>	6. Full Name of Father <b>Oswald Othello Hurt</b>			7. State or Country of Father's Birth <b>Missouri</b>		
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Marcia Lena Vaughan</b>			9. State or Country of Mother's Birth <b>Missouri</b>		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Vaughan Cornelius Hurt</i>		11. Present Address of Registrant <b>Rt. 2, Box 2443, Red Bluff</b>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>December 4 1962</i>			12. Signature of Notary <i>James V. Ryan</i>		13. Notary Commission expires <b>JAMES V. RYAN</b> My Commission Expires <b>July 25, 1964</b>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
<b>SUPPORTING RECORD 1.</b>	Type of Document photo copy of application for insurance		By whom issued and signed California-Western States Life Insurance Company		Date Issued ---
	Date of Birth Sept. 2, 1897	Birth Place Idaho	Full Name of Mother -- --		Date Orig. Entry Feb. 14, 1941
<b>SUPPORTING RECORD 2.</b>	Type of Document statement regarding hospital record, Red Bluffs, California		By whom issued and signed St. Elizabeth Hospital, Sister Mary Finbar, RSM, RRL		Date Issued Nov. 30, 1962
	Date of Birth Sept. 2, 1897	Birth Place ---	Full Name of Mother ---		Date Orig. Entry Mar. 21, 1953
<b>SUPPORTING RECORD 3.</b>	Type of Document affidavit by brother, 114 yrs. older		By whom issued and signed Earl O. Hurt		Date Issued Jan. 4, 1963
	Date of Birth Sept. 2, 1897	Birth Place Latah County Moscow, Idaho	Full Name of Mother Marcia Lena Vaughan		Date Orig. Entry ----
<b>QUALIFYING INFORMATION</b>	Name of Father Oswald Othello Hurt				
	certified copy of Abstract of Marriage Record issued by Louisa Ehorn, Deputy Recorder. Dated Nov. 30, 1962 and married on August 16, 1921. Age given at that time was 23, birthplace as Idaho.				
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by sm Shirley Milner		Date Filed January 11, 1963





154-204-022-433

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-63-154

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Hazel Lavon Anderson			2. Date (month) (day) (year) Of Birth April 4 1897		
	3. Color or Race white	4. Sex F	5. Place of Birth a. County Fremont (now Madison)	b. City or Town of Birth Thornton		
FATHER	6. Full Name of Father Otto Ephraim Anderson			7. State or Country of Father's Birth Utah		
MOTHER	8. Full Maiden Name of Mother Sarah Loretta McCarthy			9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Hazel Lavon Anderson		11. Present Address of Registrant Thornton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on February 20 19 63.			12. Signature of Notary Lay W. Legby		13. Notary Commission expires January 26 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document certified copy of school census record		By whom issued and signed Maxine Nave, County Recorder		Date issued Jan. 28, 1963	Date Orig. Entry Sept. 1916
	Date of Birth Age: 19	Birth Place ---	Full Name of Mother ---		Name of Father ---	
SUPPORTING RECORD 2.	Type of Document affidavit by neighbor at time of birth; age: 85		By whom issued and signed Margaret Ann Briggs Meng.		Date issued January 28, 1963	Date Orig. Entry
	Date of Birth April 4, 1897	Birth Place Fremont County Thornton, Idaho	Full Name of Mother Sarah Loretta McCarthy		Name of Father Otto Ephraim Anderson	
SUPPORTING RECORD 3.	Type of Document certified copy of own child's birth certificate		By whom issued and signed File No. 258311, Idaho		Date issued Jan. 28, 1957	Date Orig. Entry child born Sept. 7, 1937
	Date of Birth Age: 40	Birth Place Thornton, Idaho	Full Name of Mother ---		Name of Father ---	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Shirley Miller		Date Filed March 1, 1963	

# DELAWARE CERTIFICATE OF BIRTH

STATE OF DELAWARE

MAR 1 1963

*Regis. & Parker, City*

1. Name of child [Blank]		2. Date of birth [Blank]		3. Place of birth [Blank]		4. Name of father [Blank]		5. Name of mother [Blank]	
6. Sex [Blank]		7. Race [Blank]		8. Color [Blank]		9. Religion [Blank]		10. Education [Blank]	
11. Signature of Registrar [Blank]		12. Signature of Father [Blank]		13. Signature of Mother [Blank]		14. Signature of Doctor [Blank]		15. Signature of Nurse [Blank]	
16. Date of registration [Blank]		17. Date of filing [Blank]		18. Date of recording [Blank]		19. Date of indexing [Blank]		20. Date of publication [Blank]	
21. Date of birth [Blank]		22. Date of birth [Blank]		23. Date of birth [Blank]		24. Date of birth [Blank]		25. Date of birth [Blank]	
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DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-63-191  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Leland Stanford Wedel</u>				2. Date (month) (day) (year) Of Birth <u>July</u> <u>24th</u> <u>1897</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Montpelier</u>	a. County <u>Bear Lake</u>	b. City or Town of Birth <u>Montpelier</u> <u>Idaho</u>	
FATHER	6. Full Name of Father <u>John W. Wedel</u>				7. State or Country of Father's Birth <u>USA</u> <u>Iowa</u>	
MOTHER	8. Full Maiden Name of Mother <u>Rosa Lehman</u>				9. State or Country of Mother's Birth <u>Bern, Switzerland</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Leland Stanford Wedel</u>	11. Present Address of Registrant <u>Montpelier, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 4 1963</u>				12. Signature of Notary <u>James D. Barlowe</u>	13. Notary Commission expires <u>7-12 1963</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document affidavit by neighbor at time of birth, age: <u>83</u>		By whom issued and signed <u>William Asa Speirs</u>		Date issued <u>July 31, 1961</u>	Date Orig. Entry
	Date of Birth <u>July 24, 1897</u>	Birth Place <u>Montpelier, Idaho</u>	Full Name of Mother <u>Rosa Lehman</u>		Name of Father <u>John W. Wedel</u>	
SUPPORTING RECORD 2.	Type of Document photo copy of application for insurance		By whom issued and signed <u>Union Mutual Life Insurance Co.</u>		Date issued -----	Date Orig. Entry <u>June 20, 1914</u>
	Date of Birth <u>July 24, 1897</u>	Birth Place <u>Montpelier, Idaho</u>	Full Name of Mother <u>Rose Wedel</u>		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document photo copy of Honorable Discharge from U.S. Army		By whom issued and signed <u>Dennis J. Bowe, Major, Signal Corps of U.S. Army</u>		Date issued <u>Feb. 5, 1919</u>	Date Orig. Entry <u>July 13, 1918</u>
	Date of Birth <u>Age: 20</u>	Birth Place <u>Montpelier, Idaho</u>	Full Name of Mother -----		Name of Father -----	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Shirley Miller</u>	Date Filed <u>March 13, 1963</u>

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 13 1963

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DATE ISSUED DATE ONLY - GARY

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FORGET TO CALL

CONFIDENTIAL

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Montcalier Bear Lake

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U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
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*[Handwritten signature]*

395-220-037-145

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. #De63-201

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Jessie Elzada Linder</b>			2. Date (month) (day) (year) Of Birth <b>August 20, 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Owyhee</b>	b. City or Town of Birth <b>Near Silver City, Idaho</b>		
FATHER	6. Full Name of Father <b>Thomas McKee Linder</b>			7. State or Country of Father's Birth		
MOTHER	8. Full Maiden Name of Mother <b>Martha Ellen Ader</b>			9. State or Country of Mother's Birth <b>Missouri</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Jessie E. Jones</i>		11. Present Address of Registrant <i>Route 2, Emmett, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 14</i> 19 <i>63</i>			12. Signature of Notary <i>Hazel L. Hurlbert</i>		13. Notary Commission expires <i>Sept. 28</i> 19 <i>64</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Own child's birth certificate</b>		By whom issued and signed <b>On file Idaho File #73864</b>		Date issued -----	Date Orig. Entry <b>Child born Nov. 5, 1919</b>
	Date of Birth <b>Age 22</b>	Birth Place <b>Idaho</b>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document <b>Bible Record</b>		By whom issued and signed <b>Family Bible</b>		Date issued -----	Date Orig. Entry <b>Obviously Old</b>
	Date of Birth <b>August 20, 1897</b>	Birth Place <b>Near Silver City Owyhee Co., Idaho</b>	Full Name of Mother <b>Martha Ellen Ader</b>		Name of Father <b>Thomas McKee Linder</b>	
SUPPORTING RECORD 3.	Type of Document <b>Affidavit by Cousin, Age 87</b>		By whom issued and signed <b>Ellis Hartley</b>		Date issued ----	Date Orig. Entry <b>March 5, 1963</b>
	Date of Birth <b>August 20, 1897</b>	Birth Place <b>Near Silver City, Owyhee Co., Idaho</b>	Full Name of <del>Mother</del> Father <b>Thomas McKee Linder</b>		Name of <del>Father</del> Mother <b>Martha Ellen Ader</b>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>bm Betty Morris</b>	Date Filed <b>March 14, 1963</b>

MAR 14 1963

STATE OF IDAHO  
DETAILED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH  
Division of Vital Statistics  
P.O. Box 1000  
Boise, Idaho

1. Name of child at birth Thomas McKee Linder		2. Sex Male		3. Date of birth August 10, 1901	
4. Place of birth Near Silver City, Idaho		5. Color of hair White		6. Color of eyes Blue	
7. State or County of mother's birth Missouri		8. Name of mother Ellen Abel		9. Name of father Thomas McKee Linder	
10. Address of child at birth Near Silver City, Idaho		11. Signature of Registrar W. W. Benson		12. Signature of mother Ellen Abel	
13. Date of registration March 14, 1963		14. Name of Registrar W. W. Benson		15. Name of mother Ellen Abel	
16. Name of father Thomas McKee Linder		17. Date of registration March 14, 1963		18. Name of Registrar W. W. Benson	
19. Name of mother Ellen Abel		20. Date of registration March 14, 1963		21. Name of Registrar W. W. Benson	
22. Name of father Thomas McKee Linder		23. Date of registration March 14, 1963		24. Name of Registrar W. W. Benson	
25. Name of mother Ellen Abel		26. Date of registration March 14, 1963		27. Name of Registrar W. W. Benson	
28. Name of father Thomas McKee Linder		29. Date of registration March 14, 1963		30. Name of Registrar W. W. Benson	
31. Name of mother Ellen Abel		32. Date of registration March 14, 1963		33. Name of Registrar W. W. Benson	
34. Name of father Thomas McKee Linder		35. Date of registration March 14, 1963		36. Name of Registrar W. W. Benson	
37. Name of mother Ellen Abel		38. Date of registration March 14, 1963		39. Name of Registrar W. W. Benson	
40. Name of father Thomas McKee Linder		41. Date of registration March 14, 1963		42. Name of Registrar W. W. Benson	
43. Name of mother Ellen Abel		44. Date of registration March 14, 1963		45. Name of Registrar W. W. Benson	
46. Name of father Thomas McKee Linder		47. Date of registration March 14, 1963		48. Name of Registrar W. W. Benson	
49. Name of mother Ellen Abel		50. Date of registration March 14, 1963		51. Name of Registrar W. W. Benson	
52. Name of father Thomas McKee Linder		53. Date of registration March 14, 1963		54. Name of Registrar W. W. Benson	
55. Name of mother Ellen Abel		56. Date of registration March 14, 1963		57. Name of Registrar W. W. Benson	
58. Name of father Thomas McKee Linder		59. Date of registration March 14, 1963		60. Name of Registrar W. W. Benson	
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64. Name of father Thomas McKee Linder		65. Date of registration March 14, 1963		66. Name of Registrar W. W. Benson	
67. Name of mother Ellen Abel		68. Date of registration March 14, 1963		69. Name of Registrar W. W. Benson	
70. Name of father Thomas McKee Linder		71. Date of registration March 14, 1963		72. Name of Registrar W. W. Benson	
73. Name of mother Ellen Abel		74. Date of registration March 14, 1963		75. Name of Registrar W. W. Benson	
76. Name of father Thomas McKee Linder		77. Date of registration March 14, 1963		78. Name of Registrar W. W. Benson	
79. Name of mother Ellen Abel		80. Date of registration March 14, 1963		81. Name of Registrar W. W. Benson	
82. Name of father Thomas McKee Linder		83. Date of registration March 14, 1963		84. Name of Registrar W. W. Benson	
85. Name of mother Ellen Abel		86. Date of registration March 14, 1963		87. Name of Registrar W. W. Benson	
88. Name of father Thomas McKee Linder		89. Date of registration March 14, 1963		90. Name of Registrar W. W. Benson	
91. Name of mother Ellen Abel		92. Date of registration March 14, 1963		93. Name of Registrar W. W. Benson	
94. Name of father Thomas McKee Linder		95. Date of registration March 14, 1963		96. Name of Registrar W. W. Benson	
97. Name of mother Ellen Abel		98. Date of registration March 14, 1963		99. Name of Registrar W. W. Benson	
100. Name of father Thomas McKee Linder		101. Date of registration March 14, 1963		102. Name of Registrar W. W. Benson	



W. W. Benson  
State Registrar

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child and that documentary evidence has been reviewed and satisfied that the facts as set forth in this certificate are correct.

W. W. Benson  
State Registrar

Idaho reviewed by  
Betsy Linder

March 14, 1963



297-105-022-297

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Ceoral Bigler				2. Date (month) (day) (year) Of Birth August 5 1897	
	3. Color or Race white	4. Sex male	5. Place of Birth Teton	a. County Fremont	b. City or Town of Birth Teton,	
FATHER	6. Full Name of Father Jessie Bigler				7. State or Country of Father's Birth Mendon, Utah	
MOTHER	8. Full Maiden Name of Mother Rachael Bigler				9. State or Country of Mother's Birth Mendon, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ceoral Bigler</i>	
NOTARY (Seal)	Subscribed and sworn to before me on March 18 19 63				11. Present Address of Registrant #208 4th N 2nd E. St. Anthony Ida.	
					12. Signature of Notary <i>La Monte Bauer</i> Clerk of District Court	
					13. Notary Commission expires elective 19	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Affidavit by aunt; more than 10 years older		By whom issued and signed Jane A. Jensen		Date Issued Mary 18, 1963	Date Orig. Entry
	Date of Birth Aug. 5, 1897	Birth Place Fremont County Teton, Idaho	Full Name of Mother Rachael Bigler		Name of Father Jessie Bigler	
SUPPORTING RECORD 2-	Type of Document Statement regarding school census records		By whom issued and signed LaMonte Bauer, Clerk		Date Issued Mar. 18, 1963	Date Orig. Entry Sept. 1905
	Date of Birth Age: 8	Birth Place -----	Full Name of Mother -----		Name of Father Jessie Bigler	
SUPPORTING RECORD 3-	Type of Document photo copy of application for life insurance		By whom issued and signed Metropolitan Life Insurance Company		Date Issued -----	Date Orig. Entry Aug. 30, 1931
	Date of Birth Aug. 5, 1897	Birth Place Teton, Idaho	Full Name of Mother -----		Name of Father -----	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

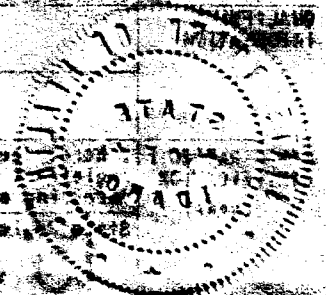
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by Shirley Miller	Date Filed March 22, 1963



DELIVERED CERTIFICATE OF BIRTH  
GENERAL STATE

MAR 22 1963

1. Name of child [Illegible]		2. Date of birth [Illegible]		3. Place of birth [Illegible]		4. Sex [Illegible]		5. Race [Illegible]	
6. Name of mother [Illegible]		7. Date of birth [Illegible]		8. Place of birth [Illegible]		9. Sex [Illegible]		10. Race [Illegible]	
11. Name of father [Illegible]		12. Date of birth [Illegible]		13. Place of birth [Illegible]		14. Sex [Illegible]		15. Race [Illegible]	
16. Name of mother [Illegible]		17. Date of birth [Illegible]		18. Place of birth [Illegible]		19. Sex [Illegible]		20. Race [Illegible]	
21. Name of father [Illegible]		22. Date of birth [Illegible]		23. Place of birth [Illegible]		24. Sex [Illegible]		25. Race [Illegible]	
26. Name of mother [Illegible]		27. Date of birth [Illegible]		28. Place of birth [Illegible]		29. Sex [Illegible]		30. Race [Illegible]	
31. Name of father [Illegible]		32. Date of birth [Illegible]		33. Place of birth [Illegible]		34. Sex [Illegible]		35. Race [Illegible]	
36. Name of mother [Illegible]		37. Date of birth [Illegible]		38. Place of birth [Illegible]		39. Sex [Illegible]		40. Race [Illegible]	
41. Name of father [Illegible]		42. Date of birth [Illegible]		43. Place of birth [Illegible]		44. Sex [Illegible]		45. Race [Illegible]	
46. Name of mother [Illegible]		47. Date of birth [Illegible]		48. Place of birth [Illegible]		49. Sex [Illegible]		50. Race [Illegible]	
51. Name of father [Illegible]		52. Date of birth [Illegible]		53. Place of birth [Illegible]		54. Sex [Illegible]		55. Race [Illegible]	
56. Name of mother [Illegible]		57. Date of birth [Illegible]		58. Place of birth [Illegible]		59. Sex [Illegible]		60. Race [Illegible]	
61. Name of father [Illegible]		62. Date of birth [Illegible]		63. Place of birth [Illegible]		64. Sex [Illegible]		65. Race [Illegible]	
66. Name of mother [Illegible]		67. Date of birth [Illegible]		68. Place of birth [Illegible]		69. Sex [Illegible]		70. Race [Illegible]	
71. Name of father [Illegible]		72. Date of birth [Illegible]		73. Place of birth [Illegible]		74. Sex [Illegible]		75. Race [Illegible]	
76. Name of mother [Illegible]		77. Date of birth [Illegible]		78. Place of birth [Illegible]		79. Sex [Illegible]		80. Race [Illegible]	
81. Name of father [Illegible]		82. Date of birth [Illegible]		83. Place of birth [Illegible]		84. Sex [Illegible]		85. Race [Illegible]	
86. Name of mother [Illegible]		87. Date of birth [Illegible]		88. Place of birth [Illegible]		89. Sex [Illegible]		90. Race [Illegible]	
91. Name of father [Illegible]		92. Date of birth [Illegible]		93. Place of birth [Illegible]		94. Sex [Illegible]		95. Race [Illegible]	
96. Name of mother [Illegible]		97. Date of birth [Illegible]		98. Place of birth [Illegible]		99. Sex [Illegible]		100. Race [Illegible]	



389-118-004-331

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De-63-226

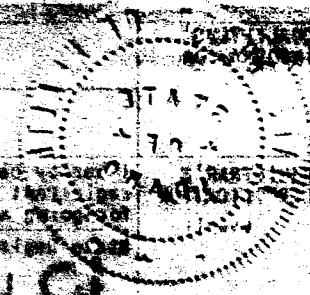
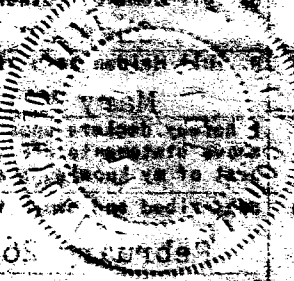
REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Chester Van Chrisman</b>				2. Date (month) (day) (year) Of Birth <b>September 18, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Montpelier, Bear Lake Co.</b>	a. County	b. City or Town of Birth <b>Montpelier, Idaho</b>	
FATHER	6. Full Name of Father <b>Chester D. Chrisman</b>				7. State or Country of Father's Birth <b>Iowa</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Mildred Clarke</b>				9. State or Country of Mother's Birth <b>Wyoming</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Chester Van Chrisman</i>		11. Present Address of Registrant <b>Kemmerer, Wyoming 823 Antelope Ave.,</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>February 26, 1963</b>			12. Signature of Notary <i>Mae Beutler</i> County Clerk		13. Notary Commission expires <b>1st Mon in Jan 1967</b>
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <b>statement regarding Selective Service Records</b>		By whom issued and signed <b>R. L. Esmay, State Director</b>		Date issued <b>Mar. 12, 1963</b>	Date Orig. Entry <b>Feb. 14, 1942</b>
	Date of Birth <b>Sept. 18, 1897</b>	Birth Place <b>Montpelier, Idaho</b>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document <b>statement regarding voting register</b>		By whom issued and signed <b>Mae, Beutler, County Clerk</b>		Date issued <b>Mar. 5, 1963</b>	Date Orig. Entry <b>Nov. 4, 1952</b>
	Date of Birth <b>Age: 55</b>	Birth Place <b>Idaho</b>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document <b>affidavit by friend and neighbor at time of birth; age-80</b>		By whom issued and signed <b>E. B. Parry</b>		Date issued <b>March</b>	Date Orig. Entry <b>6, 1963</b>
	Date of Birth <b>Sept. 18, 1897</b>	Birth Place <b>Montpelier, Idaho</b>	Full Name of Mother <b>Mary Mildred Clarke</b>		Name of Father <b>Chester D. Chrisman</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (-seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>			Evidence reviewed by <b>Shirley Miller</b>	Date Filed <b>March 22, 1963</b>	

STATE OF IOWA  
DECEASED CERTIFICATE OF BIRTH

MAR 22 1963

Beutler

1. Name of child at birth <b>Beutler</b>		2. Sex <b>Male</b>		3. Date of birth <b>September 18, 1907</b>	
4. Place of birth <b>Montpelier, Vermont</b>		5. Name of father <b>John Beutler</b>		6. Name of mother <b>Mary Beutler</b>	
7. Name of father at birth <b>John Beutler</b>		8. Name of mother at birth <b>Mary Beutler</b>		9. Date of father's birth <b>September 18, 1907</b>	
10. Date of mother's birth <b>September 18, 1907</b>		11. Name of father at death <b>John Beutler</b>		12. Name of mother at death <b>Mary Beutler</b>	
13. Name of father at death <b>John Beutler</b>		14. Name of mother at death <b>Mary Beutler</b>		15. Date of father's death <b>September 18, 1907</b>	
16. Date of mother's death <b>September 18, 1907</b>		17. Name of father at death <b>John Beutler</b>		18. Name of mother at death <b>Mary Beutler</b>	
19. Name of father at death <b>John Beutler</b>		20. Name of mother at death <b>Mary Beutler</b>		21. Date of father's death <b>September 18, 1907</b>	
22. Date of mother's death <b>September 18, 1907</b>		23. Name of father at death <b>John Beutler</b>		24. Name of mother at death <b>Mary Beutler</b>	
25. Name of father at death <b>John Beutler</b>		26. Name of mother at death <b>Mary Beutler</b>		27. Date of father's death <b>September 18, 1907</b>	
28. Date of mother's death <b>September 18, 1907</b>		29. Name of father at death <b>John Beutler</b>		30. Name of mother at death <b>Mary Beutler</b>	
31. Name of father at death <b>John Beutler</b>		32. Name of mother at death <b>Mary Beutler</b>		33. Date of father's death <b>September 18, 1907</b>	
34. Date of mother's death <b>September 18, 1907</b>		35. Name of father at death <b>John Beutler</b>		36. Name of mother at death <b>Mary Beutler</b>	
37. Name of father at death <b>John Beutler</b>		38. Name of mother at death <b>Mary Beutler</b>		39. Date of father's death <b>September 18, 1907</b>	
40. Date of mother's death <b>September 18, 1907</b>		41. Name of father at death <b>John Beutler</b>		42. Name of mother at death <b>Mary Beutler</b>	
43. Name of father at death <b>John Beutler</b>		44. Name of mother at death <b>Mary Beutler</b>		45. Date of father's death <b>September 18, 1907</b>	
46. Date of mother's death <b>September 18, 1907</b>		47. Name of father at death <b>John Beutler</b>		48. Name of mother at death <b>Mary Beutler</b>	
49. Name of father at death <b>John Beutler</b>		50. Name of mother at death <b>Mary Beutler</b>		51. Date of father's death <b>September 18, 1907</b>	
52. Date of mother's death <b>September 18, 1907</b>		53. Name of father at death <b>John Beutler</b>		54. Name of mother at death <b>Mary Beutler</b>	
55. Name of father at death <b>John Beutler</b>		56. Name of mother at death <b>Mary Beutler</b>		57. Date of father's death <b>September 18, 1907</b>	
58. Date of mother's death <b>September 18, 1907</b>		59. Name of father at death <b>John Beutler</b>		60. Name of mother at death <b>Mary Beutler</b>	
61. Name of father at death <b>John Beutler</b>		62. Name of mother at death <b>Mary Beutler</b>		63. Date of father's death <b>September 18, 1907</b>	
64. Date of mother's death <b>September 18, 1907</b>		65. Name of father at death <b>John Beutler</b>		66. Name of mother at death <b>Mary Beutler</b>	
67. Name of father at death <b>John Beutler</b>		68. Name of mother at death <b>Mary Beutler</b>		69. Date of father's death <b>September 18, 1907</b>	
70. Date of mother's death <b>September 18, 1907</b>		71. Name of father at death <b>John Beutler</b>		72. Name of mother at death <b>Mary Beutler</b>	
73. Name of father at death <b>John Beutler</b>		74. Name of mother at death <b>Mary Beutler</b>		75. Date of father's death <b>September 18, 1907</b>	
76. Date of mother's death <b>September 18, 1907</b>		77. Name of father at death <b>John Beutler</b>		78. Name of mother at death <b>Mary Beutler</b>	
79. Name of father at death <b>John Beutler</b>		80. Name of mother at death <b>Mary Beutler</b>		81. Date of father's death <b>September 18, 1907</b>	
82. Date of mother's death <b>September 18, 1907</b>		83. Name of father at death <b>John Beutler</b>		84. Name of mother at death <b>Mary Beutler</b>	
85. Name of father at death <b>John Beutler</b>		86. Name of mother at death <b>Mary Beutler</b>		87. Date of father's death <b>September 18, 1907</b>	
88. Date of mother's death <b>September 18, 1907</b>		89. Name of father at death <b>John Beutler</b>		90. Name of mother at death <b>Mary Beutler</b>	
91. Name of father at death <b>John Beutler</b>		92. Name of mother at death <b>Mary Beutler</b>		93. Date of father's death <b>September 18, 1907</b>	
94. Date of mother's death <b>September 18, 1907</b>		95. Name of father at death <b>John Beutler</b>		96. Name of mother at death <b>Mary Beutler</b>	
97. Name of father at death <b>John Beutler</b>		98. Name of mother at death <b>Mary Beutler</b>		99. Date of father's death <b>September 18, 1907</b>	
100. Date of mother's death <b>September 18, 1907</b>		101. Name of father at death <b>John Beutler</b>		102. Name of mother at death <b>Mary Beutler</b>	



819-202-029-159

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De63-274

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Lenora Harvey</b>				2. Date (month) (day) (year) Of Birth <b>September 2 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth <b>Princeton</b>	a. County <b>Latah</b>	b. City or Town of Birth <b>Princeton</b>		
FATHER	6. Full Name of Father <b>William Zane Harvey</b>				7. State or Country of Father's Birth <b>Missouri, U.S.A.</b>		
MOTHER	8. Full Maiden Name of Mother <b>Martha Jane Jeremiah</b>				9. State or Country of Mother's Birth <b>Missouri, U.S.A.</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lenora Barr</i>		11. Present Address of Registrant <b>Lacrosse, Washington</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>March 27 19 63</b>				12. Signature of Notary <i>Ernest C. Bender</i>		13. Notary Commission expires <b>February 22 19 66</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document statement regarding school records		By whom issued and signed <b>Orville J. Widman, Co. Supt. Canyon School Dist. No. 160</b>		Date Issued <b>Mar. 21, 1963</b>	Date Orig. Entry <b>May 1, 1911</b>
	Date of Birth <b>Sept. 2, 1897</b>	Birth Place <b>-----</b>	Full Name of Mother <b>-----</b>		Name of Father <b>Wm. Z. Harvey</b>	
SUPPORTING RECORD 2.	Type of Document certified copy of Marriage Return		By whom issued and signed <b>Audrey Middleton, Deputy County Auditor</b>		Date issued <b>----</b>	Date Orig. Entry <b>Feb. 4, 1924</b>
	Date of Birth <b>Age: 26</b>	Birth Place <b>Princeton, Idaho</b>	Full Name of Mother <b>Martha Jeremiah</b>		Name of Father <b>William Harvey</b>	
SUPPORTING RECORD 3.	Type of Document Certified copy of own child's Birth Certificate		By whom issued and signed <b>Whitman Co. Health Department Agnes E. Parvin, Chief Clerk</b>		Date issued <b>April 4 1963</b>	Date Orig. Entry <b>child born May 7, 1929</b>
	Date of Birth <b>31</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>sm Joyce B. Foltz</b>	Date Filed <b>April 8, 1963</b>

4-1-63

APR 8 1963

RECEIVED  
DATE OF FIRST  
DATE OF 1960

STC-550

*Smoker*

1. Name of person WILLIAM J. SMOKER	2. Date of birth 12-15-1915	3. Place of birth St. Louis, Mo.	4. Date of entry 12-15-1915
5. Date of departure 12-15-1915	6. Place of departure St. Louis, Mo.	7. Name of ship WILLIAM J. SMOKER	8. Date of arrival 12-15-1915
9. Name of agent WILLIAM J. SMOKER	10. Date of departure 12-15-1915	11. Place of departure St. Louis, Mo.	12. Date of arrival 12-15-1915
13. Name of agent WILLIAM J. SMOKER	14. Date of departure 12-15-1915	15. Place of departure St. Louis, Mo.	16. Date of arrival 12-15-1915
17. Name of agent WILLIAM J. SMOKER	18. Date of departure 12-15-1915	19. Place of departure St. Louis, Mo.	20. Date of arrival 12-15-1915
21. Name of agent WILLIAM J. SMOKER	22. Date of departure 12-15-1915	23. Place of departure St. Louis, Mo.	24. Date of arrival 12-15-1915
25. Name of agent WILLIAM J. SMOKER	26. Date of departure 12-15-1915	27. Place of departure St. Louis, Mo.	28. Date of arrival 12-15-1915
29. Name of agent WILLIAM J. SMOKER	30. Date of departure 12-15-1915	31. Place of departure St. Louis, Mo.	32. Date of arrival 12-15-1915
33. Name of agent WILLIAM J. SMOKER	34. Date of departure 12-15-1915	35. Place of departure St. Louis, Mo.	36. Date of arrival 12-15-1915
37. Name of agent WILLIAM J. SMOKER	38. Date of departure 12-15-1915	39. Place of departure St. Louis, Mo.	40. Date of arrival 12-15-1915
41. Name of agent WILLIAM J. SMOKER	42. Date of departure 12-15-1915	43. Place of departure St. Louis, Mo.	44. Date of arrival 12-15-1915
45. Name of agent WILLIAM J. SMOKER	46. Date of departure 12-15-1915	47. Place of departure St. Louis, Mo.	48. Date of arrival 12-15-1915
49. Name of agent WILLIAM J. SMOKER	50. Date of departure 12-15-1915	51. Place of departure St. Louis, Mo.	52. Date of arrival 12-15-1915
53. Name of agent WILLIAM J. SMOKER	54. Date of departure 12-15-1915	55. Place of departure St. Louis, Mo.	56. Date of arrival 12-15-1915
57. Name of agent WILLIAM J. SMOKER	58. Date of departure 12-15-1915	59. Place of departure St. Louis, Mo.	60. Date of arrival 12-15-1915
61. Name of agent WILLIAM J. SMOKER	62. Date of departure 12-15-1915	63. Place of departure St. Louis, Mo.	64. Date of arrival 12-15-1915
65. Name of agent WILLIAM J. SMOKER	66. Date of departure 12-15-1915	67. Place of departure St. Louis, Mo.	68. Date of arrival 12-15-1915
69. Name of agent WILLIAM J. SMOKER	70. Date of departure 12-15-1915	71. Place of departure St. Louis, Mo.	72. Date of arrival 12-15-1915
73. Name of agent WILLIAM J. SMOKER	74. Date of departure 12-15-1915	75. Place of departure St. Louis, Mo.	76. Date of arrival 12-15-1915
77. Name of agent WILLIAM J. SMOKER	78. Date of departure 12-15-1915	79. Place of departure St. Louis, Mo.	80. Date of arrival 12-15-1915
81. Name of agent WILLIAM J. SMOKER	82. Date of departure 12-15-1915	83. Place of departure St. Louis, Mo.	84. Date of arrival 12-15-1915
85. Name of agent WILLIAM J. SMOKER	86. Date of departure 12-15-1915	87. Place of departure St. Louis, Mo.	88. Date of arrival 12-15-1915
89. Name of agent WILLIAM J. SMOKER	90. Date of departure 12-15-1915	91. Place of departure St. Louis, Mo.	92. Date of arrival 12-15-1915
93. Name of agent WILLIAM J. SMOKER	94. Date of departure 12-15-1915	95. Place of departure St. Louis, Mo.	96. Date of arrival 12-15-1915
97. Name of agent WILLIAM J. SMOKER	98. Date of departure 12-15-1915	99. Place of departure St. Louis, Mo.	100. Date of arrival 12-15-1915



APR 8 1963

165-124-036-493

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No De-63-390

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth David B. Jones			2. Date of Birth June 24 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Oneida	b. City or Town of Birth American Falls		
FATHER	6. Full Name of Father Amos Milton Jones			7. State or Country of Father's Birth Utah		
MOTHER	8. Full Maiden Name of Mother Harriet Lucretia Dille			9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>David B. Jones</i>		11. Present Address of Registrant American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 18 1963</i>			12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <i>April 27 1965</i>
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document Own child's birth certificate		By whom issued and signed On file Idaho, File #244417		Date issued ----	Date Orig. Entry Child born June 12, 1936
	Date of Birth Age 38	Birth Place American Falls, Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2.	Type of Document Statement from State Headquarters for Selective Service		By whom issued and signed Annabel R. Woodmore, Chief, Administrative Div.		Date issued March 1, 1963	Date Orig. Entry February 16, 1942
	Date of Birth June 24, 1897	Birth Place American Falls, Idaho	Full Name of Mother ----		Name of Father -----	
SUPPORTING RECORD 3.	Type of Document Affidavit by neighbor at time of birth; Age: 82		By whom issued and signed Lawrence L. Sorensen		Date issued May 3, 1963	Date Orig. Entry 1963
	Date of Birth June 24, 1897	Birth Place American Falls, Idaho	Full Name of Mother Harriet Lucretia Dille		Name of Father Amos Milton Jones	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by bm Shirley Miller		Date Filed May 28, 1963	



763131-030-255

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-472

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>Leslie Kenney Pollard</b>		2. Date of Birth (month) (day) (year) <b>August 31 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Lemhi</b>	a. County <b>Salmon</b>
<b>FATHER</b>	6. Full Name of Father <b>Francis Marion Pollard</b>		7. State or Country of Father's Birth <b>Missouri</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Sophronia Arilla Kenney</b>		9. State or Country of Mother's Birth <b>Minnesota</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Leslie Kenney Pollard</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <b>February 16 1963</b>		11. Present Address of Registrant <b>301 NEWCASTLE WAY MADISON 4 WISC</b>	
	12. Signature of Notary <i>[Signature]</i>		13. Notary Public, State of Florida at Large My Commission Expires Sept. 17, 1966 Bonded by American Surety Co. of N. Y.	
<b>APPLICANT— DO NOT WRITE BELOW THIS LINE</b>				
<b>SUPPORTING RECORD 1.</b>	Type of Document <b>Notarized copy of page from Family Bible</b>		By whom issued and signed <b>Frederick Hughes Snook, Notary Public</b>	
	Date of Birth <b>Aug. 31, 1897</b>	Birth Place <b>---</b>	Full Name of Mother <b>Sophronia Pollard</b>	
			Date Issued <b>Feb. 12, 1963</b>	
			Date Orig. Entry <b>obviously old</b>	
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>affidavit by neighbor at time of birth Age: 81</b>		By whom issued and signed <b>Elizabeth Reed</b>	
	Date of Birth <b>Aug. 31, 1897</b>	Birth Place <b>Salmon, Idaho</b>	Full Name of Mother <b>Sophronia Pollard</b>	
			Date Issued <b>February 12, 1963</b>	
			Date Orig. Entry <b>Francis M. Pollard</b>	
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>Statement concerning military records; Correspondence &amp; Services Branch, U. S. Navy</b>		By whom issued and signed <b>W.T. Hinnant, Acting Head</b>	
	Date of Birth <b>Aug. 31, 1897</b>	Birth Place <b>Salmon, Idaho</b>	Full Name of Mother <b>-----</b>	
			Date Issued <b>June 10, 1963</b>	
			Date Orig. Entry <b>July 25, 1917</b>	
<b>QUALIFYING INFORMATION</b>				
<b>REGISTRAR'S CERTIFICATION</b> (seal) -	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>sm Shirley Miller</b>	
			Date Filed <b>July 2, 1963</b>	



JUL 2 1968

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

*Rolland*

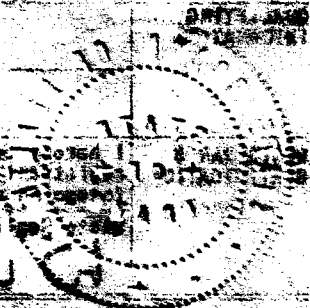
DATE OF BIRTH: 01 AUGUST 1901  
PLACE OF BIRTH: [illegible]  
MOTHER: [illegible]  
FATHER: [illegible]

LOCALITY: [illegible]  
COUNTY: [illegible]  
STATE: [illegible]



REMARKS: [illegible text regarding birth record and registration]  
DATE OF REGISTRATION: [illegible]  
REGISTRAR: [illegible]

NAME: [illegible]  
DATE OF BIRTH: [illegible]  
PLACE OF BIRTH: [illegible]  
MOTHER: [illegible]  
FATHER: [illegible]



REMARKS: [illegible text]  
DATE OF REGISTRATION: [illegible]  
REGISTRAR: [illegible]

455-227-003-466

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-64-064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Annie Laurie Denney</i>		2. Date (month) (day) (year) Of Birth <i>October 27 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>F</i>	5. Place of Birth <i>Swan Lake, Bannock</i>	a. County <i>Bannock</i>
FATHER	6. Full Name of Father <i>Henry Denney</i>		7. State or Country of Father's Birth <i>London England</i>	
MOTHER	8. Full Maiden Name of Mother <i>Annie Moore</i>		9. State or Country of Mother's Birth <i>Devonshire England</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Annie Messinger</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Dec 17, 1963</i>		11. Present Address of Registrant <i>Downey Idaho</i>	
			12. Signature of Notary <i>Law H. Law</i>	
			13. Notary Commission expires <i>11/1 1964</i>	

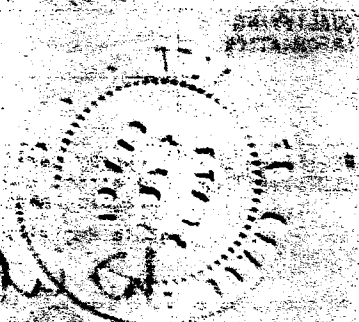
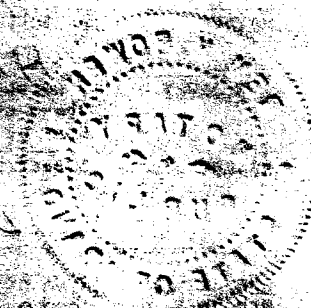
## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Photo copy of application for life insurance	By whom issued and signed New York Life Insurance Co.	Date issued July 28, 1936	Date Orig. Entry
	Date of Birth Oct. 27, 1897	Birth Place Swan Lake, Idaho	Full Name of Mother -----	Name of Father -----
SUPPORTING RECORD 2.	Type of Document Statement regarding school record: Class "A" School Dist.	By whom issued and signed Andrew H. Johnson, Superintendent No. 21, Arimo, Idaho	Date issued Jan. 22, 1964	Date Orig. Entry Sept. 1903
	Date of Birth Oct. 27, 1897	Birth Place Swan Lake, ---	Full Name of Mother -----	Name of Father -----
SUPPORTING RECORD 3.	Type of Document Affidavit by neighbor at time of birth; Age: 84	By whom issued and signed Lewis J. Petty, Jr.	Date issued December 30, 1963	Date Orig. Entry
	Date of Birth Oct. 27, 1897	Birth Place Bannock County Swan Lake, Idaho	Full Name of Mother Annie Moore	Name of Father Henry Denney

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by sm Shirley Miller	Date Filed January 30, 1964

JAN 31 1964

*Passenger*



219-22-004-683

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-64-066

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Wyler Fredrick Bartschi</u>				2. Date (month) (day) (year) Of Birth <u>Larch</u> <u>22</u> <u>1897</u>		
	3. Color or Race <u>White</u>	4. Sex <u>M</u>	5. Place of Birth <u>Bear Lake</u>		a. County <u>Nounan</u>		
FATHER	6. Full Name of Father <u>Karl (Charles) Bartschi</u>				7. State or Country of Father's Birth <u>Switzerland</u>		
MOTHER	8. Full Maiden Name of Mother <u>Bertha Wyler</u>				9. State or Country of Mother's Birth <u>Switzerland</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Wyler Fredrick Bartschi</u>		11. Present Address of Registrant <u>823 Jackson</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>29-Jan 1964</u>				12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>My Commission Expires May 3rd 1965</u>

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Own child's birth certificate</u>		By whom issued and signed <u>Idaho State File No. 157343</u>		Date issued <u>-----</u>	Date Orig. Entry <u>child born Nov. 29, 1927</u>
	Date of Birth <u>Age: 30</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>	
SUPPORTING RECORD 2.	Type of Document <u>Certified copy of marriage license</u>		By whom issued and signed <u>Iver L. Larsen, Clerk</u>		Date issued <u>Oct. 16, 1963</u>	Date Orig. Entry <u>June 9, 1920</u>
	Date of Birth <u>Age: 23</u>	Birth Place <u>-----</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>	
SUPPORTING RECORD 3.	Type of Document <u>Photo copy of app. for social security account number</u>		By whom issued and signed <u>U. S. Treasury Department</u>		Date issued <u>May 17, 1940</u>	Date Orig. Entry <u>-----</u>
	Date of Birth <u>Mar. 22, 1897</u>	Birth Place <u>Bear Lake County Nounan, Idaho</u>	Full Name of Mother <u>Bertha Wyler</u>		Name of Father <u>Charles Bartschi</u>	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. Benson</u>	Evidence reviewed by <u>Shirley Miller</u>	Date Filed <u>January 31, 1964</u>

JAN 31 1964

**Figure 1**

**AMT 1000**

1992

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## 第 1 章 绪论

7-143:4:1913

the 1990s, the number of people in the world who are illiterate has increased from 400 million to 600 million. The number of illiterate people in the world is expected to reach 700 million by the year 2015. The number of illiterate people in the world is expected to reach 800 million by the year 2020. The number of illiterate people in the world is expected to reach 900 million by the year 2025. The number of illiterate people in the world is expected to reach 1 billion by the year 2030. The number of illiterate people in the world is expected to reach 1.1 billion by the year 2035. The number of illiterate people in the world is expected to reach 1.2 billion by the year 2040. The number of illiterate people in the world is expected to reach 1.3 billion by the year 2045. The number of illiterate people in the world is expected to reach 1.4 billion by the year 2050. The number of illiterate people in the world is expected to reach 1.5 billion by the year 2055. The number of illiterate people in the world is expected to reach 1.6 billion by the year 2060. The number of illiterate people in the world is expected to reach 1.7 billion by the year 2065. The number of illiterate people in the world is expected to reach 1.8 billion by the year 2070. The number of illiterate people in the world is expected to reach 1.9 billion by the year 2075. The number of illiterate people in the world is expected to reach 2 billion by the year 2080. The number of illiterate people in the world is expected to reach 2.1 billion by the year 2085. The number of illiterate people in the world is expected to reach 2.2 billion by the year 2090. The number of illiterate people in the world is expected to reach 2.3 billion by the year 2095. The number of illiterate people in the world is expected to reach 2.4 billion by the year 2100.

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363-222-004-619

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

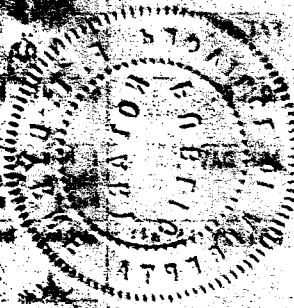
State File No. De-64-089

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>MARRIETTE COLLETT</b>				2. Date (month) (day) (year) Of Birth April 22, 1897	
	3. Color or Race <b>WHITE</b>	4. Sex <b>FEMALE</b>	5. Place of Birth <b>BEAR LAKE</b>		6. City or Town of Birth <b>BENNINGTON, IDAHO</b>	
FATHER	6. Full Name of Father <b>JAMES JONES COLLETT</b>				7. State or Country of Father's Birth <b>UTAH - USA</b>	
MOTHER	8. Full Maiden Name of Mother <b>JANE D. WARDROP</b>				9. State or Country of Mother's Birth <b>UTAH - USA</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Marrlette Nilsson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 20<sup>th</sup></i> 1951				11. Present Address of Registrant <i>841-11 St. South Edmonton, Alta. Canada</i>	
					12. Signature of Notary <i>[Signature]</i>	
					13. Notary Commission expires <i>Continuous at pleasure of Lieut. Gov. Alberta</i>	
APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <b>Church Record—Baptism</b>		By whom issued and signed <b>Raymond H. Ward</b>		Date issued	Date Orig. Entry
	Date of Birth <b>April 22, 1897</b>	Birth Place <b>Bear Lake Co. Bennington, Idaho</b>	Full Name of Mother <b>Jane O. Wardrop</b>			<b>June 30, 1907</b>
SUPPORTING RECORD 2.	Type of Document <b>Affidavit by sister, age 81</b>		By whom issued and signed <b>Margaret Meldrum</b>		Date issued <b>7-20-59</b>	Date Orig. Entry
	Date of Birth <b>April 22, 1897</b>	Birth Place <b>Bennington, Idaho</b>	Full Name of Mother <b>Jane D. Collett</b>		Name of Father <b>James J. Collett</b>	
SUPPORTING RECORD 3.	Type of Document <b>Census Record</b>		By whom issued and signed <b>U. S. Bureau of the Census</b>		Date issued <b>Jan. 23, 1964</b>	Date Orig. Entry <b>June 1, 1900</b>
	Date of Birth <b>Age: 3</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>Jane Collett</b>		Name of Father <b>James J. Collett</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <b>nr Shirley Miller</b>		Date Filed <b>February 11, 1964</b>	

FEB 12 1964

DELAWARE CERTIFICATE OF BIRTH  
STATE OF DELAWARE

Name of Child <b>JOHN MICHAEL</b>		Date of Birth <b>1-15-64</b>		Place of Birth <b>NEWARK, DELAWARE</b>	
Parents <b>JOHN MICHAEL</b>		Mother <b>MARY ANN</b>		Address <b>1234 MAIN ST, NEWARK, DE 19711</b>	
Date of Birth <b>1-15-64</b>		Time of Birth <b>10:30 AM</b>		Sex <b>MALE</b>	
Weight <b>10 LBS</b>		Height <b>19 IN</b>		Color of Hair <b>BROWN</b>	
Color of Eyes <b>BROWN</b>		Color of Skin <b>FAIR</b>		Signature of Registrar <b>[Signature]</b>	
Signature of Father <b>[Signature]</b>		Signature of Mother <b>[Signature]</b>		Signature of Physician <b>[Signature]</b>	
Date of Birth <b>1-15-64</b>		Time of Birth <b>10:30 AM</b>		Sex <b>MALE</b>	
Weight <b>10 LBS</b>		Height <b>19 IN</b>		Color of Hair <b>BROWN</b>	
Color of Eyes <b>BROWN</b>		Color of Skin <b>FAIR</b>		Signature of Registrar <b>[Signature]</b>	
Signature of Father <b>[Signature]</b>		Signature of Mother <b>[Signature]</b>		Signature of Physician <b>[Signature]</b>	
Date of Birth <b>1-15-64</b>		Time of Birth <b>10:30 AM</b>		Sex <b>MALE</b>	
Weight <b>10 LBS</b>		Height <b>19 IN</b>		Color of Hair <b>BROWN</b>	
Color of Eyes <b>BROWN</b>		Color of Skin <b>FAIR</b>		Signature of Registrar <b>[Signature]</b>	
Signature of Father <b>[Signature]</b>		Signature of Mother <b>[Signature]</b>		Signature of Physician <b>[Signature]</b>	



DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. DE 64-141

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>MARETTA OLSEN</b>		2. Date (month) (day) (year) Of Birth <b>JAN. 24 1897</b>	
	3. Color or Race <b>WHITE</b>	4. Sex <b>F</b>	5. Place of Birth <b>OVID, IDAHO (PEARL LAKE)</b>	6. City or Town of Birth <b>OVID IDAHO</b>
FATHER	6. Full Name of Father <b>JENS C. OLSEN</b>		7. State or Country of Father's Birth <b>DENMARK (EUROPE)</b>	
MOTHER	8. Full Maiden Name of Mother <b>HAREN MARIE NIELSEN</b>		9. State or Country of Mother's Birth <b>DENMARK (EUROPE)</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Marett Olson Keller</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>December 17 1963</i>		11. Present Address of Registrant <b>Rfd #4-Blackfoot Idaho</b>	
	12. Signature of Notary <i>Robert J. Henderson</i>		13. Notary Commission expires <b>10/25 1966</b>	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Affidavit by brother</b>		By whom issued and signed <b>James Christian Olson brother 10 yrs. older</b>		Date issued <b>December 16, 1963</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>January 24, 1897</b>	Birth Place <b>Ovid, Idaho</b>	Full Name of Mother <b>Karen Marie Nielsen, Olsen</b>		Name of Father <b>Jens C. Olsen</b>	
SUPPORTING RECORD 2.	Type of Document # 122688 <b>Own child's birth certificate</b>		By whom issued and signed <b>Idaho Bureau of Vital STATISTICS</b>		Date issued <b>-----</b>	Date Orig. Entry <b>Child born Apr. 30, 1924</b>
	Date of Birth <b>27 years of age</b>	Birth Place <b>Ovid, Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 3.	Type of Document <b>Record of Blessing in the L. D. S. Church</b>		By whom issued and signed <b>Ward Clerk, Kenneth Hammond</b>		Date issued <b>July 19 1905</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>Jan. 24 1897</b>	Birth Place <b>Ovid Idaho</b>	Full Name of Mother <b>Karen Marie Nielsen</b>		Name of Father <b>Jens Christian Olsen</b>	

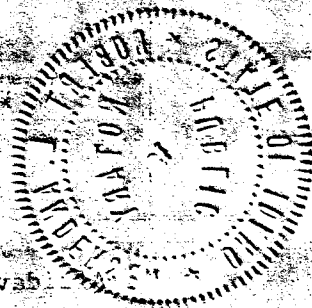
QUALIFYING  
INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>fc Florence Curtright</b>	Date Filed <b>Feb. 27, 1964</b>



FEB 27 1964



David by brother

James Carlisle Oliver  
brother  
December 10, 1963

Own child with certificate  
12188

Idaho Bureau of Vital  
Statistics

of age (wid. Idaho

Idaho Bureau of Vital  
Statistics

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Statistics

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 64-318

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>ESTELLA LAVON MANI</b>				2. Date (month) (day) (year) Of Birth <b>APRIL 20 1897</b>		
	3. Color or Race <b>Caucasian</b>	4. Sex <b>FEMALE</b>	5. Place of Birth <b>MONTPELIER, BEAR LAKE</b>		a. County <b>IDAHO</b> b. City or Town of Birth <b>MONTPELIER</b>		
FATHER	6. Full Name of Father <b>JACOB MANI</b>				7. State or Country of Father's Birth <b>SWITZERLAND</b>		
MOTHER	8. Full Maiden Name of Mother <b>EMMALINE TEUSCHER</b>				9. State or Country of Mother's Birth <b>SWITZERLAND</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Estella Lavon Mani</i>		11. Present Address of Registrant <b>17001 BASSETT ST. VAN HAN</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>January 26 1959</b>				12. Signature of Notary <i>Ruth Collier Cain</i>		13. Notary Commission expires <b>July 10 1959</b>
APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <b>Affidavit by mother</b>		By whom issued and signed <b>Emmaline Teuscher Mani</b>		Date issued <b>1-26-59</b>		Date Orig. Entry
	Date of Birth <b>April 20, 1897</b>	Birth Place <b>Bear Lake Co. Montpelier, Idaho</b>	Full Name of Mother <b>Emmaline Teuscher Mani</b>		Name of Father		
SUPPORTING RECORD 2.	Type of Document <b>Statement from Bishop's office regarding church record</b>		By whom issued and signed <b>Montpelier 1st Ward J. V. Dunn</b>		Date issued <b>August 7, 1935</b>		Date Orig. Entry <b>Baptized July 1, 1905</b>
	Date of Birth <b>April 20, 1897</b>	Birth Place <b>Montpelier, Idaho</b>	Full Name of Mother <b>Emaline Teuscher Mani</b>		Name of Father <b>Jacob Mani</b>		
SUPPORTING RECORD 3.	Type of Document <b>Notorized photocopy of page of family Bible</b>		By whom issued and signed <b>Mabel White - Mary A. Anderson, Notary Public</b>		Date issued <b>April 16, 1964</b>		Date Orig. Entry <b>obviously old</b>
	Date of Birth <b>April 20, 1897</b>	Birth Place <b>----</b>	Full Name of Mother <b>Emma Teuscher Mani</b>		Name of Father <b>Jacob Mani</b>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>nr Glenda M. Larson</b>			Date Filed <b>April 30, 1964</b>	

DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

Form No. 100-1



1. Name of Person or Organization	2. Address	3. City	4. State	5. Zip
6. Date of Birth	7. Sex	8. Race	9. Religion	10. Education
11. Occupation	12. Date of Entry into Country	13. Date of Departure from Country	14. Date of Return to Country	15. Date of Last Contact
16. Name of Employer	17. Name of Supervisor	18. Name of Contact Person	19. Name of Contact Person's Address	20. Name of Contact Person's City
21. Name of Contact Person's State	22. Name of Contact Person's Zip	23. Name of Contact Person's Phone	24. Name of Contact Person's Fax	25. Name of Contact Person's Email

26. Name of Contact Person's Address	27. Name of Contact Person's City	28. Name of Contact Person's State	29. Name of Contact Person's Zip	30. Name of Contact Person's Phone
31. Name of Contact Person's Fax	32. Name of Contact Person's Email	33. Name of Contact Person's Social Media	34. Name of Contact Person's Other	35. Name of Contact Person's Notes
36. Name of Contact Person's Address	37. Name of Contact Person's City	38. Name of Contact Person's State	39. Name of Contact Person's Zip	40. Name of Contact Person's Phone
41. Name of Contact Person's Fax	42. Name of Contact Person's Email	43. Name of Contact Person's Social Media	44. Name of Contact Person's Other	45. Name of Contact Person's Notes

Department of Public Health  
Division of Vital Statistics  
Boise, Idaho

## STATE OF IDAHO

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. \_\_\_\_\_

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Velva Mabel Bean			2. Date (month) (day) (year) September 1 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth Elmore	b. City or Town of Birth Glenns Ferry	
<b>FATHER</b>	6. Full Name of Father William S. Bean			7. State or Country of Father's Birth Iowa	
<b>MOTHER</b>	8. Full Maiden Name of Mother Katie Virginia Mullany			9. State or Country of Mother's Birth Idaho	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Velva M. von Groenewald</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>June 10 1964</i>			11. Present Address of Registrant <i>2868 N. Williams Blvd. Boise, Idaho</i>	
	12. Signature of Notary <i>Hazel R. Hulbert</i>			13. Notary Commission expires <i>Sept. 28 1964</i>	

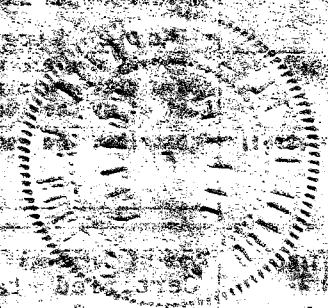
## APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1.</b>	Type of Document Certified statement from School record		By whom issued and signed Portland Public Schools Mrs. Helen Coffey, Sec.	Date issued Jan. 1964	Date Orig. Entry Enrolled 1915- 1916
	Date of Birth Sept 1 1897	Birth Place Glenns Ferry	Full Name of Mother Mrs. W. S. Bean	Name of Father W. S. Bean	
<b>SUPPORTING RECORD 2.</b>	Type of Document Certified Photo-Copy of Railroad Retirement Register		By whom issued and signed Railroad Retirement Board Joseph V. Martin, Director	Date issued Feb. 9 1963	Date Orig. Entry July 10 1953
	Date of Birth Sept. 1 1897	Birth Place Glenns Ferry, Ida.	Full Name of Mother Katie Virginia Mullany	Name of Father William Scofield Bean	
<b>SUPPORTING RECORD 3.</b>	Type of Document Certified Photo-Copy of Bible Record		By whom issued and signed Si Cohn, County Clerk	Date issued Jan. 6 1964	Date Orig. Entry Obviously Old
	Date of Birth 1897 Sept. 1	Birth Place Glenns Ferry	Full Name of Mother Katie Virginia Mullany	Name of Father William S. Bean	

## QUALIFYING INFORMATION

<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Florence Curtright	Date Filed June 10, 1964

\*Class A Records are those made and dated before the Registrant's fourth birthday.  
Class B Records are those made after the fourth birthday but are at least 5 years old.



1. The first section of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes the need for consistency and transparency in financial reporting.

2. The second section outlines the procedures for handling disputes and conflicts. It provides a clear framework for resolving issues and ensuring that all parties are treated fairly.

3. The third section details the requirements for data security and privacy. It stresses the importance of protecting sensitive information and preventing unauthorized access.

4. The fourth section describes the process for conducting audits and reviews. It highlights the role of independent third parties in verifying the accuracy of the data.

5. The fifth section discusses the importance of communication and collaboration. It encourages all stakeholders to stay informed and engaged in the process.

6. The sixth section outlines the responsibilities of each party involved in the process. It clarifies the roles and expectations for all participants.

7. The seventh section discusses the importance of documentation and record-keeping. It emphasizes the need to maintain a complete and accurate record of all activities.

8. The eighth section outlines the process for implementing changes and improvements. It provides a structured approach to identifying and addressing areas for enhancement.

9. The ninth section discusses the importance of training and development. It highlights the need for ongoing education and skill-building for all staff members.

10. The tenth section outlines the process for monitoring and evaluating performance. It provides a framework for assessing progress and identifying areas for improvement.

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 64-592

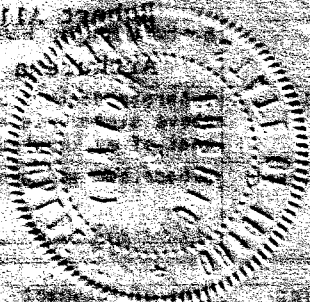
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Robert Alford Mower</b>			2. Date (month) (day) (year) Of Birth <b>June 18 1897</b>		
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Bannock Pocatello</b>	b. City or Town of Birth <b>Pocatello</b>		
FATHER	6. Full Name of Father <b>Robert Allen Mower</b>			7. State or Country of Father's Birth <b>Ogden, Utah</b>		
MOTHER	8. Full Maiden Name of Mother <b>Arthurena White</b>			9. State or Country of Mother's Birth <b>England</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Robert Alford Mower</i>		11. Present Address of Registrant <i>531 - 27<sup>th</sup> St Ogden, Utah</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 31 1964</i>			12. Signature of Notary <i>Hazel L. Shurlbert</i>		13. Notary Commission expires <i>Sept. 28 1964</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <b>Employment Record</b>		By whom issued and signed <b>Defense Supply Agency</b>	Date issued <b>Dec. 1, 1942</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>June 18 1897</b>	Birth Place <b>Pocatello, Ida</b>	Full Name of Mother <b>-----</b>	Name of Father <b>-----</b>	
SUPPORTING RECORD 2.	Type of Document <b>Family Bible Record</b>		By whom issued and signed <b>Family Bible</b>	Date issued <b>-----</b>	Date Orig. Entry <b>June 18 1897</b>
	Date of Birth <b>June 18 1897</b>	Birth Place <b>Pocatello, Idaho</b>	Full Name of Mother <b>Arthurena White Mower</b>	Name of Father <b>Robert Allen Mower</b>	
SUPPORTING RECORD 3.	Type of Document <b>Civilian Identification Department of Army</b>		By whom issued and signed <b>Luis J. De Celis, Major MPC</b>	Date issued <b>Jan. 1956</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>June 18 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>	Name of Father <b>-----</b>	

QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Florence Curtright</b>		Date Filed <b>August 31, 1964</b>





V32-116-031-464

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 65-150

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth George Wallace McKeever		2. Date of Birth (month) April (day) 16 (year) 1897	
	3. Color or Race white	4. Sex male	5. Place of Birth Idaho,	a. County Lewis b. City or Town of Birth Nez Perce
<b>FATHER</b>	6. Full Name of Father Charles Wesley McKeever		7. State or Country of Father's Birth Maryland	
<b>MOTHER</b>	8. Full Maiden Name of Mother Helen Olivia Doudna		9. State or Country of Mother's Birth Ohio - Jerome, Union County	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>George Wallace McKeever</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>February 6-14</i> 1965		11. Present Address of Registrant Box 143, Kendrick, Idaho 83537	
			12. Signature of Notary <i>Glenda Larson</i>	
			13. Notary Commission expires <i>Jan 11-14</i> 1968	

## APPLICANT - DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1-</b>	Type of Document Military Discharge paper		By whom issued and signed United States Naval Reserve Force.		Date issued Sept. 30, 1921	Date Orig. Entry April 19, 1918
	Date of Birth April 16, 1897	Birth Place Idaho	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 2-</b>	Type of Document Insurance Policy #1126502		By whom issued and signed Sun Life Assurance Company of Canada		Date issued May 14, 1929	Date Orig. Entry May 4, 1929
	Date of Birth April 16, 1897	Birth Place NezPerce, Idaho	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 3-</b>	Type of Document affidavit by friend & neighbor of family		By whom issued and signed Liddie Ameling (b.d. 2/9/1875)		Date issued Feb. 15, 1965	Date Orig. Entry -----
	Date of Birth April 16, 1897	Birth Place NezPerce, Idaho	Full Name of Mother Helen Olivia McKeever		Name of Father Charles Wesley McKeever	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>W. W. Benson</i>	Evidence reviewed by gml Glenda Larson
	Date Filed March 4, 1965

2-8-65



MAR 14 1966  
MAR 4 1965



769-110-007-114

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 65-201

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>MELVIN JAMES PORTER</b>				2. Date (month) (day) (year) Of Birth <b>Sept. 10 1897</b>		
	3. Color or Race <b>Caucasian</b>	4. Sex <b>Male</b>	5. Place of Birth <b>IDAHO</b>	a. County <b>BLAINE</b>	b. City or Town of Birth <b>HAILEY</b>		
FATHER	6. Full Name of Father <b>ELMORE HARVEY PORTER</b>				7. State or Country of Father's Birth <b>VERMONT</b>		
MOTHER	8. Full Maiden Name of Mother <b>ADDIE ANN JAMES</b>				9. State or Country of Mother's Birth <b>VERMONT</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Melvin J. Porter</i>		11. Present Address of Registrant <b>3666 Virginia Road, Los Angeles, 16, Calif.</b>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Feb. 26<sup>th</sup> 1965</i>				12. Signature of Notary <i>Lorraine M. Colonna</i>		13. Notary Commission expires <i>June 29<sup>th</sup> 1966</i>
APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document Statement regarding lodge records		By whom issued and signed Sunset Lodge No. 352, F & A.M. James W. Roberts, Secty.		Date issued July 2, 1964	Date Orig. Entry Dec. 1919	
	Date of Birth Sept. 10, 1897	Birth Place Hailey, Idaho	Full Name of Mother -----		Name of Father -----		
SUPPORTING RECORD 2.	Type of Document Statement regarding school records		By whom issued and signed Los Angeles City School Dist 37th Street school		Date issued July 1, 1964	Date Orig. Entry Sept. 14, 1903	
	Date of Birth Age 6	Birth Place Idaho	Full Name of Mother Mrs. Addie Porter		Name of Father -----		
SUPPORTING RECORD 3.	Type of Document copy of letter written by father two days after birth		By whom issued and signed Harvey		Date issued March 12, 1965	Date Orig. Entry Sept. 12, 1897	
	Date of Birth Sept. 10, 1897	Birth Place Hailey, Idaho	Full Name of Mother Addie		Name of Father Harvey		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <i>W. Benson</i>		Evidence reviewed by gml Glenda Larson			Date Filed March 29, 1965	

MAR 30 1965

DEPARTMENT OF HEALTH  
STATE OF ILLINOIS

10-10

1. Name of patient (Last, first, middle initial) <b>JOHN J. SMITH</b>		2. Date of birth (Month, day, year) <b>10/15/1925</b>		3. Sex <b>Male</b>		4. Race <b>White</b>		5. Height (inches) <b>70</b>		6. Weight (pounds) <b>175</b>		7. Blood pressure (Systolic/Diastolic) <b>120/80</b>		8. Heart rate (beats per minute) <b>72</b>		9. Temperature (Fahrenheit) <b>98.6</b>		10. Respiration rate (breaths per minute) <b>16</b>		11. Oxygen saturation (%) <b>98</b>		12. Neurological examination <b>Normal</b>		13. Physical examination <b>Normal</b>		14. Laboratory tests <b>Normal</b>		15. X-ray examination <b>Normal</b>		16. Other tests <b>Normal</b>		17. Physician's signature <b>John J. Smith</b>		18. Date of examination <b>3/29/65</b>		19. Hospital/clinic name <b>St. Mary's Hospital</b>		20. Physician's name <b>John J. Smith</b>		21. Address <b>123 Main St, Chicago, IL 60601</b>		22. Phone number <b>312-555-1234</b>		23. Insurance company <b>Blue Cross of Illinois</b>		24. Policy number <b>123456789</b>		25. Referring physician <b>Dr. J. Doe</b>		26. Referral number <b>12345</b>		27. Other notes <b>Admitted for chest pain, relieved.</b>		28. Discharge instructions <b>Rest, no heavy lifting.</b>		29. Follow-up appointment <b>4/12/65</b>		30. Other <b>None</b>	
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433-215-1003-849

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 65-360

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>FANNIE LEVERE MCCLELLAND</b>				2. Date (month) (day) (year) Of Birth <b>MAY 15 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>F</b>	5. Place of Birth <b>Dempsey (Lava Hot Sp.) Bannock</b>	a. County <b>Bannock</b>	b. City or Town of Birth <b>DEMPSEY, (LAVA HOT SPRINGS)</b>	
<b>FATHER</b>	6. Full Name of Father <b>WASHINGTON MCCLELLAND</b>				7. State or Country of Father's Birth <b>ENGLAND</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>SARAH MELVINA QUIGLEY</b>				9. State or Country of Mother's Birth <b>UTAH</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Fannie L. McGinnis</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>June 7, 1965</i>				11. Present Address of Registrant	
	12. Signature of Notary <i>[Signature]</i>				13. Notary Commission expires <i>July 1, 1968</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1.</b>	Type of Document <b>Affidavit by brother Age 78</b>		By whom issued and signed <b>Ray McClellan</b>		Date issued <b>May 15 1897</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>May 15 1897</b>	Birth Place <b>Dempsey (Lava Hot Springs)</b>	Full Name of Mother <b>Sarah Melvina Quigley</b>		Name of Father <b>Washington McClelland</b>	
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>Own child's birth Certificate # 83207</b>		By whom issued and signed <b>on file with state of Idaho</b>		Date issued <b>-----</b>	Date Orig. Entry <b>child born Sept. 22, 1920</b>
	Date of Birth <b>Age 23</b>	Birth Place <b>Dempsey (Lava Hot Springs)</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>Family Record</b>		By whom issued and signed <b>Family Record Book</b>		Date issued <b>-----</b>	Date Orig. Entry <b>Obviously old</b>
	Date of Birth <b>May 15, 1897</b>	Birth Place <b>Dempsey, Idaho</b>	Full Name of Mother <b>Sarah Melvina Quigley</b>		Name of Father <b>Washington McClelland</b>	

**QUALIFYING INFORMATION****REGISTRAR'S CERTIFICATION**  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

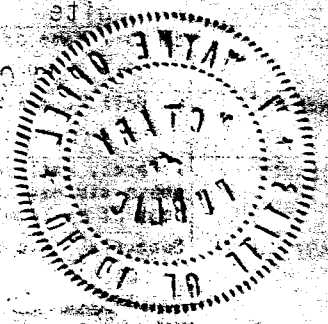
W. W. Benson

Evidence reviewed by

Florence Curtright

Date Filed

June 7, 1965



W. W. Benson

Editha Cartright

June 11, 1963

RECEIVED  
INVESTIGATION

May 15, 1963  
Benson, Idaho  
Family Records  
Age 23

Editha Cartright  
Family Records Book  
Age 23

Sept. 23, 1933  
child born  
Washington Hotel, Idaho

on 11/11/33 state of Idaho  
Sarah Melvina Cartright  
Age 23

1933 (Idaho Springs)  
Benson, Idaho

Age 23  
Benson (Idaho Springs)  
Child's Birth Certificate  
Age 23

Washington Hotel, Idaho  
Previously old

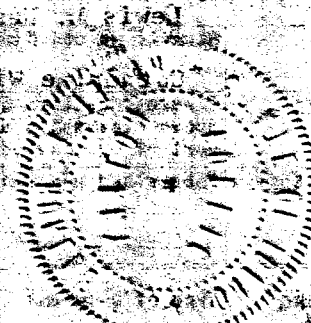
814-109-036-693

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. DE 65-568

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Lewis L. Hamblin</b>				2. Date (month) (day) (year) Of Birth <b>November 9 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth <b>Oneida</b>	a. County <b>Samaria</b>		
FATHER	6. Full Name of Father <b>Lewis L. Hamblin, Sr.</b>				7. State or Country of Father's Birth <b>Utah</b>	
MOTHER	8. Full Maiden Name of Mother <b>Catherine Williams Hamblin</b>				9. State or Country of Mother's Birth <b>Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lewis L. Hamblin</i>	11. Present Address of Registrant <i>104 Sunnyside Caldwell Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 17 1965</i>				12. Signature of Notary <i>Hazel L. Hurlbert</i>	13. Notary Commission expires <i>Sept. 28 1968</i>
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1-	Type of Document <b>age 81 Affidavit by bro-in-law</b>		By whom issued and signed <b>William M. Price</b>		Date issued <b>July 19 1965</b>	Date Orig. Entry -----
	Date of Birth <b>Nov. 9 1897</b>	Birth Place <b>Samaria, Idaho</b>	Full Name of Mother <b>Catherine Williams Hamblin</b>		Name of Father <b>Lewis L. Hamblin, Sr.</b>	
SUPPORTING RECORD 2-	Type of Document <b>Army Discharge</b>		By whom issued and signed <b>U. S. Army</b>		Date issued <b>Sept. 23 1945</b>	Date Orig. Entry -----
	Date of Birth <b>Nov. 9 1897</b>	Birth Place <b>Samaria, Idaho</b>	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3-	Type of Document <b>Copy of Soc. Sec. Appl.</b>		By whom issued and signed <b>Treasury Department</b>		Date issued <b>Aug. 19 1943</b>	Date Orig. Entry -----
	Date of Birth <b>Nov. 9 1897</b>	Birth Place <b>Samaria, Idaho</b>	Full Name of Mother <b>Catherine Williams</b>		Name of Father <b>Lewis L. Hamblin, Sr</b>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>fc Florence Curtright</b>			Date Filed <b>Aug. 17, 1965</b>

AUG 18 1945



November 9

Lewis J. Hamilton

Hamilton

Hamilton

Hamilton

U.S.

Lewis J. Hamilton

U.S.

Lewis J. Hamilton

July 19

July 19

1945

William M. Price

Lewis J. Hamilton

Lewis J. Hamilton

Lewis J. Hamilton

Catherine Williams

Lewis J. Hamilton

Sept. 23

U.S. Army

Lewis J. Hamilton

1945

William M. Price

Nov. 9

Lewis J. Hamilton

Aug. 19

Internal Revenue Service

Copy of Rec. Sec. April

1945

Internal Revenue Service

Nov. 9

Lewis J. Hamilton

Lewis J. Hamilton

Catherine Williams

Aug. 14, 1945

to Florence C. Wright

L. J. Hamilton

415-224-006-566

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 65-704

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Marie Jane Davies</i>			2. Date (month) (day) (year) <i>Sept 24<sup>th</sup> 1897</i>		
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth <i>Idaho Falls,</i>	6. County <i>Bonanza</i>	7. City or Town of Birth <i>Idaho Falls Idaho</i>	
FATHER	6. Full Name of Father <i>William John Davies</i>			7. State or Country of Father's Birth <i>Utah? or Wyoming?</i>		
MOTHER	8. Full Maiden Name of Mother <i>Sarah Amanda Davies (Nowlin)</i>			9. State or Country of Mother's Birth <i>Nephi Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mrs. Harry Dartinger</i>		11. Present Address of Registrant <i>11702-10 Ave Edmonton</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>September 16 1965</i>			12. Signature of Notary <i>E. R. [Signature]</i>		13. Notary Commission expires <i>Province of Alberta. My commission is held and enjoyed without expiration during the pleasure of the Lieutenant Governor of the Province of Alberta.</i>

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Insurance Policy #57-124416</i>		By whom issued and signed <i>Community Health Services Plan British Pacific Ins. Co.</i>		Date issued <i>Sep. 12, 1960</i>	Date Orig. Entry <i>Sept. 12, 1960</i>
	Date of Birth <i>Sep. 24, 1897</i>	Birth Place <i>-----</i>	Full Name of Mother <i>-----</i>		Name of Father <i>-----</i>	
SUPPORTING RECORD 2-	Type of Document <i>Affidavit by uncle (born 5-17-1883)</i>		By whom issued and signed <i>George Washington Nowlin</i>		Date issued <i>Apr. 10, 1965</i>	Date Orig. Entry <i>-----</i>
	Date of Birth <i>Sep. 24, 1897</i>	Birth Place <i>Bingham now Bonnaville Co., Idaho</i>	Full Name of Mother <i>-----</i>		Name of Father <i>-----</i>	
SUPPORTING RECORD 3-	Type of Document <i>certified transcript of marriage record</i>		By whom issued and signed <i>Province of Alberta, Vital Statistics</i>		Date issued <i>Jan. 1, 1922</i>	Date Orig. Entry <i>Dec. 14, 1921</i>
	Date of Birth <i>Age 24</i>	Birth Place <i>Idaho Falls, Idaho, U.S.A.</i>	Full Name of Mother <i>Sarah A. Nowlin</i>		Name of Father <i>W. J. Davies</i>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

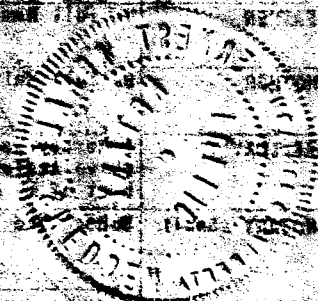
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Glenda Larson</i>
Date Filed <i>October 1, 1965</i>	



STATE OF IOWA  
DELAIED CERTIFICATE OF BIRTH

OCT 1 1901

Taitenger



1. Name of child Taitenger		2. Sex of child Male		3. Date of birth Oct 1 1901	
4. Place of birth Iowa		5. Name of father Taitenger		6. Name of mother Taitenger	
7. Present address of registrant Taitenger		8. Signature of registrant Taitenger		9. Signature of registrar Taitenger	
10. Date of registration Oct 1 1901		11. Name of registrar Taitenger		12. Name of hospital Taitenger	
13. Name of physician Taitenger		14. Name of nurse Taitenger		15. Name of attendant Taitenger	
16. Name of midwife Taitenger		17. Name of doctor Taitenger		18. Name of hospital Taitenger	
19. Name of physician Taitenger		20. Name of nurse Taitenger		21. Name of attendant Taitenger	
22. Name of midwife Taitenger		23. Name of doctor Taitenger		24. Name of hospital Taitenger	
25. Name of physician Taitenger		26. Name of nurse Taitenger		27. Name of attendant Taitenger	
28. Name of midwife Taitenger		29. Name of doctor Taitenger		30. Name of hospital Taitenger	
31. Name of physician Taitenger		32. Name of nurse Taitenger		33. Name of attendant Taitenger	
34. Name of midwife Taitenger		35. Name of doctor Taitenger		36. Name of hospital Taitenger	
37. Name of physician Taitenger		38. Name of nurse Taitenger		39. Name of attendant Taitenger	
40. Name of midwife Taitenger		41. Name of doctor Taitenger		42. Name of hospital Taitenger	
43. Name of physician Taitenger		44. Name of nurse Taitenger		45. Name of attendant Taitenger	
46. Name of midwife Taitenger		47. Name of doctor Taitenger		48. Name of hospital Taitenger	
49. Name of physician Taitenger		50. Name of nurse Taitenger		51. Name of attendant Taitenger	
52. Name of midwife Taitenger		53. Name of doctor Taitenger		54. Name of hospital Taitenger	
55. Name of physician Taitenger		56. Name of nurse Taitenger		57. Name of attendant Taitenger	
58. Name of midwife Taitenger		59. Name of doctor Taitenger		60. Name of hospital Taitenger	
61. Name of physician Taitenger		62. Name of nurse Taitenger		63. Name of attendant Taitenger	
64. Name of midwife Taitenger		65. Name of doctor Taitenger		66. Name of hospital Taitenger	
67. Name of physician Taitenger		68. Name of nurse Taitenger		69. Name of attendant Taitenger	
70. Name of midwife Taitenger		71. Name of doctor Taitenger		72. Name of hospital Taitenger	
73. Name of physician Taitenger		74. Name of nurse Taitenger		75. Name of attendant Taitenger	
76. Name of midwife Taitenger		77. Name of doctor Taitenger		78. Name of hospital Taitenger	
79. Name of physician Taitenger		80. Name of nurse Taitenger		81. Name of attendant Taitenger	
82. Name of midwife Taitenger		83. Name of doctor Taitenger		84. Name of hospital Taitenger	
85. Name of physician Taitenger		86. Name of nurse Taitenger		87. Name of attendant Taitenger	
88. Name of midwife Taitenger		89. Name of doctor Taitenger		90. Name of hospital Taitenger	
91. Name of physician Taitenger		92. Name of nurse Taitenger		93. Name of attendant Taitenger	
94. Name of midwife Taitenger		95. Name of doctor Taitenger		96. Name of hospital Taitenger	
97. Name of physician Taitenger		98. Name of nurse Taitenger		99. Name of attendant Taitenger	
100. Name of midwife Taitenger		101. Name of doctor Taitenger		102. Name of hospital Taitenger	

418-205-016-419

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 65-918

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Nell Dayley</b>				2. Date (month) (day) (year) Of Birth <b>March 5 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Cassia</b>	a. County <b>Oakley</b>		
<b>FATHER</b>	6. Full Name of Father <b>Thomas J. Dayley</b>				7. State or Country of Father's Birth <b>Iowa</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Matilda Martindale</b>				9. State or Country of Mother's Birth <b>Utah</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Nell Edison</i>		11. Present Address of Registrant <i>3314 Tucker rd -</i>
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>December 15 1965</i>			12. Signature of Notary <i>Hazel L. Hurlbert</i>		13. Notary Commission expires <i>Sept. 28 1968</i>

**APPLICANT— DO NOT WRITE BELOW THIS LINE**

<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Affidavit by sister Age 84</b>		By whom issued and signed <b>Maryette D. Critchfield</b>		Date Issued <b>Dec. 8, 1965</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>March 5 1897</b>	Birth Place <b>Oakley, Idaho</b>	Full Name of Mother <b>Matilda Martindale</b>		Name of Father <b>Thomas J. Dayley</b>	
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>Pacific National Life Ins. Policy</b>		By whom issued and signed <b>Marden Young, Examined by</b>		Date Issued <b>March 10 1958</b>	Date Orig. Entry <b>Jan. 25 1937</b>
	Date of Birth <b>March 5 1897</b>	Birth Place <b>Oakley, Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Own child's birth certificate</b>		By whom issued and signed <b>on file with state of Idaho # 42313</b>		Date issued <b>----</b>	Date Orig. Entry <b>child born Sept. 17, 1916</b>
	Date of Birth <b>Age 19</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	

**QUALIFYING INFORMATION**

**REGISTRAR'S CERTIFICATION**  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <b>W. W. Benson</b>	Evidence reviewed by <b>fc Florence Curtright</b>	Date Filed <b>Dec. 15, 1965</b>

H. W. BCU-01

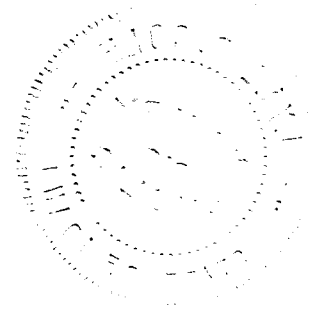
# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 66-012

<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Maud Verna Severe</u>			2. Date of Birth (month) (day) (year) <u>January 22 1897</u>	
	3. Color or Race <u>Caucasian</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Oakley</u>	a. County <u>Cassia</u>	b. City or Town of Birth <u>Oakley</u>
<b>FATHER</b>	6. Full Name of Father <u>Edgar Gilman Severe</u>			7. State or Country of Father's Birth <u>Utah</u>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <u>Annie Louise Cook</u>			9. State or Country of Mother's Birth <u>England</u>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Maud Verna Severe Hawkins</u>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <u>January 7 1966</u>			11. Present Address of Registrant <u>Mtn. Cove Rd. Boise, Idaho</u>	
	12. Signature of Notary <u>Lyle W. Cole</u>			13. Notary Commission expires <u>April 1 1968</u>	
<b>APPLICANT - DO NOT WRITE BELOW THIS LINE</b>					
<b>SUPPORTING RECORD 1-</b>	Type of Document <u>Own child's birth certificate</u>		By whom issued and signed <u>On file Idaho 145024</u>		Date issued -----
	Date of Birth <u>Age 29,</u>	Birth Place <u>Oakley, Idaho</u>	Full Name of Mother -----		Date Orig. Entry <u>child born July 27, 1926</u>
<b>SUPPORTING RECORD 2-</b>	Type of Document <u>Affidavit by cousin Age 78</u>		By whom issued and signed <u>Mary Evelyn Bennett</u>		Date issued <u>Jan. 7, 1966</u>
	Date of Birth <u>Jan. 22, 1897</u>	Birth Place <u>Oakley, Idaho</u>	Full Name of Mother <u>Annie Louise Cook Severe</u>		Date Orig. Entry -----
<b>SUPPORTING RECORD 3-</b>	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>American Home Benefit Assn. S. T. Hawkins, President</u>		Date issued <u>July 31 1947</u>
	Date of Birth <u>Jan. 22, 1897</u>	Birth Place <u>Oakley, Idaho</u>	Full Name of Mother -----		Date Orig. Entry <u>July 31, 1947</u>
<b>QUALIFYING INFORMATION</b>					
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>gml Florence Curtright</u>		Date Filed <u>Jan. 10, 1966</u>

JAN 12 1966

DEC 5 1974



613-201-014-795

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. DE 66-305

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Alma Watson				2. Date (month) (day) (year) Of Birth April 1 1897	
	3. Color or Race Cauc.	4. Sex F.	5. Place of Birth Parma	a. County Canyon	b. City or Town of Birth Parma, Idaho	
FATHER	6. Full Name of Father Samuel J. Watson				7. State or Country of Father's Birth Alabama	
MOTHER	8. Full Maiden Name of Mother Miranda Pinkston				9. State or Country of Mother's Birth Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Alma Bowen</i>		11. Present Address of Registrant Route # 2 Meridian, Ida
NOTARY (Seal)	Subscribed and sworn to before me on April 9 19 66			12. Signature of Notary <i>Mary M. Pride</i>		13. Notary Commission expires April 22 19 66

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Census Record		By whom issued and signed U.S. Dept. of Census		Date Issued Feb. 17, 66	Date Orig. Entry Census taken 1900
	Date of Birth Age 3 Apr. 1, 1897	Birth Place Idaho	Full Name of Mother Miranda Pinkston Watson		Name of Father Samuel J. Watson	
SUPPORTING RECORD 2-	Type of Document Affidavit by aunt Age 89		By whom issued and signed Laura Smith		Date Issued Jan. 27, 1966	Date Orig. Entry -----
	Date of Birth Apr. 1, 1897	Birth Place Parma, Idaho	Full Name of Mother Miranda Pinkston		Name of Father Samuel J. Watson	
SUPPORTING RECORD 3-	Type of Document Own child's birth certificate		By whom issued and signed # 236171 on file with state of Idaho		Date Issued -----	Date Orig. Entry child born Sept. 29, 1935
	Date of Birth Age 38	Birth Place Parma, Idaho	Full Name of Mother -----		Name of Father -----	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
W. W. BensonEvidence reviewed by  
Florence CurtrightDate Filed  
April 14, 1966*In office - no corresp.*

APR 15 1966

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 66-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>William Joseph Lewis</b>			2. Date (month) (day) (year) Of Birth <b>October 17 1897</b>		
	3. Color or Race <b>white</b>	4. Sex <b>male</b>	5. Place of Birth a. County <b>Paris Bear Lake</b>	b. City or Town of Birth <b>Paris, Idaho</b>		
FATHER	6. Full Name of Father <b>Franklin William Lewis</b>			7. State or Country of Father's Birth <b>Paris, Idaho</b>		
MOTHER	8. Full Maiden Name of Mother <b>Mary Elizabeth Shepherd</b>			9. State or Country of Mother's Birth <b>England</b>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>William Joseph Lewis</i>		11. Present Address of Registrant <b>203 W 2 N. St. Anthony, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>March 24 19 66</b>			12. Signature of Notary <i>La Monte Danner</i> Clerk of the Dist. Court		13. Notary Commission expires <b>elective 19</b>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Own child's birth certificate		By whom issued and signed On file Idaho #139808		Date issued -----	Date Orig. Entry child born <b>Nov. 14, 1925</b>
	Date of Birth Age 28	Birth Place Paris, Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2-	Type of Document Certificate of Ordination as a Teacher		By whom issued and signed LDS Church, W. Smith Hoge, clerk, Paris 2nd Ward		Date issued -----	Date Orig. Entry ordained <b>Oct. 21, 1912</b>
	Date of Birth Oct. 17, 1897	Birth Place Paris, Idaho Bear Lake County	Full Name of Mother Mary E. Shepherd		Name of Father Franklin W. Lewis	
SUPPORTING RECORD 3-	Type of Document Certificate of Baptism and Confirmation		By whom issued and signed LDS Church, Paris 2nd Ward, Thomas Minson, Clerk		Date issued Feb. 10, 1907	Date Orig. Entry baptized <b>May 5, 1906</b>
	Date of Birth Oct. 17, 1897	Birth Place Paris, Idaho Bear Lake County	Full Name of Mother Mary Elizabeth Shepherd		Name of Father Franklin Wm. Lewis	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Glenda Larson	Date Filed May 3, 1966



MAY 3 1966

Lewis

843-130-006-799

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 66-620

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Stanley Hull</b>		2. Date (month) (day) (year) Of Birth <b>May 30 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Bingham</b>	b. City or Town of Birth <b>Blackfoot</b>
<b>FATHER</b>	6. Full Name of Father <b>James Lane Hull</b>		7. State or Country of Father's Birth <b>Kansas</b>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <b>Sigal Margaret Pritchett</b>		9. State or Country of Mother's Birth <b>Missouri</b>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <b>STANLEY HULL</b>	
			11. Present Address of Registrant <b>Posatello, Mo. R'n</b>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <b>7-1 1966</b>		12. Signature of Notary <b>R. J. Jenschke</b>	
			13. Notary Commission expires <b>8-20 1966</b>	

## APPLICANT - (DO NOT WRITE BELOW THIS LINE)

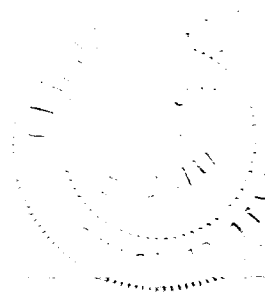
<b>SUPPORTING RECORD 1-</b>	Type of Document <b>Affidavit by person who has known him since birth</b>	By whom issued and signed <b>Frank Whitten Age 82</b>	Date Issued <b>Jun. 13, 1966</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>May 30, 1897</b>	Birth Place <b>Blackfoot, Idaho</b>	Full Name of Mother <b>Sigal Margaret Pritchett Hull</b>	Name of Father <b>James Lane Hull</b>
<b>SUPPORTING RECORD 2-</b>	Type of Document <b>federal census record</b>	By whom issued and signed <b>U.S. Department of Commerce Bureau of the Census</b>	Date Issued <b>May 28, 1966</b>	Date Orig. Entry <b>June 1, 1900</b>
	Date of Birth <b>May 1897</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>-----</b>	Name of Father <b>Jas. L. Hull</b>
<b>SUPPORTING RECORD 3-</b>	Type of Document <b>Statement regarding school records</b>	By whom issued and signed <b>School Dist. #8, Blackfoot, Idaho</b>	Date Issued <b>Apr. 13, 1966</b>	Date Orig. Entry <b>school year of 1907</b>
	Date of Birth <b>Age 10</b>	Birth Place <b>-----</b>	Full Name of Mother <b>-----</b>	Name of Father <b>James Hull</b>

### QUALIFYING INFORMATION

<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>W. J. Benson</b>	Evidence reviewed by <b>gml Glenda Larson</b>	Date Filed <b>July 8, 1966</b>

*Hull*

JUL 8 1966



*HACK signature*

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 66-985

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lometa Cazier			2. Date (month) (day) (year) Of Birth March 27, 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Twin Groves b. City or Town of Birth Mail St. Anthony		
FATHER	6. Full Name of Father Benjamin Cazier			7. State or Country of Father's Birth Utah	
MOTHER	8. Full Maiden Name of Mother Emily Matilda Hathaway			9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Lometa Johnson	
NOTARY (Seal)	Subscribed and sworn to before me on September 1 1966			11. Present Address of Registrant Rt 4 Box 95 Idaho Falls Idaho	
				12. Signature of Notary Jeanette Sumner	
				13. Notary Commission expires June 2 1967	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Affidavit by sister (more than 10 years older)		By whom issued and signed Stella Mathews		Date issued Sept. 1, 1966	Date Orig. Entry -----
	Date of Birth Mar. 27, 1897	Birth Place St. Anthony, Idaho	Full Name of Mother Emily Matilda Hathaway Cazier		Name of Father Benjamin Cazier	
SUPPORTING RECORD 2-	Type of Document statement regarding school census records		By whom issued and signed E.O. Rich, Asst. Supt. of Schools, Fremont County, Idaho		Date issued Sept. 1, 1966	Date Orig. Entry October 1904
	Date of Birth Age 7	Birth Place -----	Full Name of Mother Matilda Cazier		Name of Father Benjamin Cazier	
SUPPORTING RECORD 3-	Type of Document Statement regarding church records (IDS Church)		By whom issued and signed Eugene L. Morris, Ward Clerk 12th Ward So. Idaho Falls Stake		Date issued -----	Date Orig. Entry blessed May 2, 1897
	Date of Birth Mar. 27, 1897	Birth Place Twin Groves, Idaho Fremont County	Full Name of Mother Emily Matilda Hathaway		Name of Father Benjamin Cazier	

QUALIFYING  
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by gml Glenda Larson	Date Filed Nov. 16, 1966

Johnson  
(Lometa Cazier)

NOV 17 1966

619-201-035-653

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 67-744

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lola Ellen Ware		2. Date of Birth (month) Jan. (day) 1 (year) 1897	
	3. Color or Race White	4. Sex Female	5. Place of Birth Nez Perce	a. County b. City or Town of Birth Cameron, Idaho
<b>FATHER</b>	6. Full Name of Father Newman E. Ware		7. State or Country of Father's Birth California	
<b>MOTHER</b>	8. Full Maiden Name of Mother Effie May Welker		9. State or Country of Mother's Birth Missouri	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Lola Ellen Ware Newman</i>	
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on <i>September 19 1967</i>		12. Signature of Notary <i>Hazel L. Hurlbert</i>	
			11. Present Address of Registrant 128 No. Hayes, Apt. 12 Pocatello, Idaho	
			13. Notary Commission expires <i>Sept 28 1968</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1-</b>	Type of Document Own child's birth certificate		By whom issued and signed On file Idaho #162250		Date issued -----	Date Orig. Entry child born Mar. 10, 1928
	Date of Birth Age 31	Birth Place Idaho	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 2-</b>	Type of Document photocopy of application for insurance policy		By whom issued and signed United Benefit Ins. Co.		Date issued July 5, 1950	Date Orig. Entry July 5, 1950
	Date of Birth Jan. 1, 1897	Birth Place Cameron, Idaho	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 3-</b>	Type of Document affidavit by sister		By whom issued and signed Zora (Ware) Compton		Date issued Sept. 13, 1967	Date Orig. Entry -----
	Date of Birth Jan. 1, 1897	Birth Place Camron, Nezperce County, Idaho	Full Name of Mother Effie May Ware		Name of Father Newton E. Ware	
<b>QUALIFYING INFORMATION</b>						
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by Glenda Larson		Date Filed Sept. 19, 1967	

SEP 19 1967



456-22-003-284

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 67-983

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>George Foss Dewey</i>				2. Date (month) (day) (year) Of Birth <i>Feb 22 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Downey Bannock</i>	a. County	b. City or Town of Birth <i>Downey</i>	
FATHER	6. Full Name of Father <i>William Alfred Dewey</i>				7. State or Country of Father's Birth <i>Utah Box Elder Callisport</i>	
MOTHER	8. Full Maiden Name of Mother <i>Eunice Jane Shurtliff</i>				9. State or Country of Mother's Birth <i>Utah Weber Harrisville</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Geo Foss Dewey</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 28 1967</i>				11. Present Address of Registrant <i>Downey Bannock Idaho</i>	
	12. Signature of Notary <i>John B. Brown</i>				13. Notary Commission expires <i>Oct 25 1968</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>photocopy of application for insurance policy</i>		By whom issued and signed <i>American Republic Ins. Co.</i>	Date issued -----	Date Orig. Entry <i>Jan. 31, 1961</i>
	Date of Birth <i>Feb. 22, 1897</i>	Birth Place -----	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 2.	Type of Document <i>Statement regarding church records</i>		By whom issued and signed <i>IDS Church, Downey Ward, Idaho Clayne J. Salvesen, Ward Clerk</i>	Date issued <i>Sep. 20, 1967</i>	Date Orig. Entry <i>blessed May 6, 1897</i>
	Date of Birth <i>Feb. 22, 1897</i>	Birth Place <i>Downey, Idaho Bannock County</i>	Full Name of Mother <i>Eunice J. Shurtliff</i>	Name of Father <i>William Alfred Dewey</i>	
SUPPORTING RECORD 3.	Type of Document <i>Own child's birth certificate</i>		By whom issued and signed <i>On file Idaho #93326</i>	Date issued -----	Date Orig. Entry <i>child born Sept. 16, 1921</i>
	Date of Birth <i>Age 24</i>	Birth Place <i>Downey</i>	Full Name of Mother -----	Name of Father -----	

## QUALIFYING INFORMATION

REGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>G. J. Larson</i>	Date Filed <i>Nov. 16, 1967</i>



NOV 16 1967

*A. m. f.*

386-119-036-693

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 68-123

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Henry Williams Thomas</i>		2. Date (month) (day) (year) <i>April 19 1897</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Malad City</i>	a. County <i>Oneida</i>
<b>FATHER</b>	6. Full Name of Father <i>David Morgan Thomas</i>		b. City or Town of Birth <i>Malad City, Idaho</i>	
<b>MOTHER</b>	8. Full Maiden Name of Mother <i>Sarah Jane Williams</i>		7. State or Country of Father's Birth <i>Idaho</i>	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		9. State or Country of Mother's Birth <i>Idaho</i>	
<b>NOTARY (Seal)</b>	10. Signature of Registrant <i>Henry W. Thomas</i>		11. Present Address of Registrant <i>Malad City, Idaho</i>	
	12. Signature of Notary <i>Daniel O. Jones</i>		13. Notary Commission expires <i>8-6 1968</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1-</b>	Type of Document <i>photocopy of application of insurance policy</i>	By whom issued and signed <i>The Mutual Life Ins. Co. of New York</i>	Date issued <i>Sep. 15, 1930</i>	Date Orig. Entry <i>Sept. 14, 1930</i>
	Date of Birth <i>Apr. 19, 1897</i>	Birth Place <i>Malad, Idaho</i>	Full Name of Mother <i>-----</i>	Name of Father <i>-----</i>
<b>SUPPORTING RECORD 2-</b>	Type of Document <i>Affidavit by person who visited shortly after birth</i>	By whom issued and signed <i>Dora Jones Age: 84</i>	Date issued <i>Jan. 19, 1968</i>	Date Orig. Entry <i>-----</i>
	Date of Birth <i>Apr. 19, 1897</i>	Birth Place <i>Malad City, Idaho</i>	Full Name of Mother <i>-----</i>	Name of Father <i>-----</i>
<b>SUPPORTING RECORD 3-</b>	Type of Document <i>family record genealogy sheet</i>	By whom issued and signed <i>family records</i>	Date issued <i>-----</i>	Date Orig. Entry <i>obviously old</i>
	Date of Birth <i>Apr. 19, 1897</i>	Birth Place <i>Malad, Idaho</i>	Full Name of Mother <i>Sarah Williams</i>	Name of Father <i>David Morgan Thomas</i>
<b>QUALIFYING INFORMATION</b>				
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Glenda Larson</i>	Date Filed <i>Feb. 1, 1968</i>	

FEB 1 1968

*Handwritten signature*



255-218-021-969

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 68-417

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Elverna Henrietta Benson</b>				2. Date (month) (day) (year) Of Birth <b>2 18 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>F.</b>	5. Place of Birth <b>Weston</b>	a. County <b>Franklin</b>	b. City or Town of Birth <b>Weston, Idaho</b>	
FATHER	6. Full Name of Father <b>Yeppa Benson</b>				7. State or Country of Father's Birth <b>Lahi, Utah</b>	
MOTHER	8. Full Maiden Name of Mother <b>Cathrine Zwifel</b>				9. State or Country of Mother's Birth <b>Providence, Utah</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Elverna B. Benson</i>		11. Present Address of Registrant <b>356 W Court, Weiser, Ida</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>3-13-68</b> 19			12. Signature of Notary <i>X Tara M. Anderson</i>		13. Notary Commission expires <b>8-15-69</b> 19

APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1-	Type of Document <b>copy of church membership records</b>		By whom issued and signed <b>John R. Bates, Ward Clerk LDS Church</b>		Date issued <b>----</b>	Date Orig. Entry <b>baptized Feb. 18, 1905</b>
	Date of Birth <b>Feb. 18, 1897</b>	Birth Place <b>Weston, Idaho</b>	Full Name of Mother <b>Catherine Swivel</b>		Name of Father <b>Yeppa Benson</b>	
SUPPORTING RECORD 2-	Type of Document <b>Own child's birth certificate</b>		By whom issued and signed <b>On file Idaho #117269</b>		Date issued <b>---</b>	Date Orig. Entry <b>child born Nov. 22, 1923</b>
	Date of Birth <b>Age: 26</b>	Birth Place <b>Idaho</b>	Full Name of Mother <b>----</b>		Name of Father <b>----</b>	
SUPPORTING RECORD 3-	Type of Document <b>certified copy of application for license to marry #35752</b>		By whom issued and signed <b>Salt Lake County, Utah R. Williams Deputy Clerk</b>		Date issued <b>Apr. 4, 1968</b>	Date Orig. Entry <b>Sept. 22, 1920</b>
	Date of Birth <b>Feb. 18, 1897</b>	Birth Place <b>Weston, Idaho</b>	Full Name of Mother <b>Catherine Zweifel</b>		Name of Father <b>Yeppa Benson</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by <b>gm1 Glenda Larson</b>	Date Filed <b>April 23, 1968</b>

APR 24 1968

764-126-004-844

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 68-963

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Kenneth Poulsen			2. Date (month) (day) (year) Of Birth May 26 1897		
<b>FATHER</b>	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Bear Lake		b. City or Town of Birth Liberty	
<b>MOTHER</b>	6. Full Name of Father James Poulsen			7. State or Country of Father's Birth Denmark		
	8. Full Maiden Name of Mother Mary Humphreys			9. State or Country of Mother's Birth Wales		
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Kenneth Poulsen</i>		11. Present Address of Registrant 1783 Country Club Drive Logan, Utah 84321
<b>NOTARY (Seal)</b>	Subscribed and sworn to before me on 19-20 1968			12. Signature of Notary <i>Glenda Larson</i>		13. Notary Commission expires 1-9 1970

## APPLICANT— DO NOT WRITE BELOW THIS LINE

<b>SUPPORTING RECORD 1-</b>	Type of Document Own child's birth certificate		By whom issued and signed On file Idaho #134398		Date issued -----	Date Orig. Entry child born Aug. 17, 1925
	Date of Birth Age: 28	Birth Place Liberty, Idaho	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 2-</b>	Type of Document photocopy of military discharge		By whom issued and signed U.S. Army, Camp Lewis, Wash.		Date issued discharged Feb. 20, 1919	Date Orig. Entry inducted Aug. 28, 1918
	Date of Birth Age: 21	Birth Place Liberty, Idaho	Full Name of Mother -----		Name of Father -----	
<b>SUPPORTING RECORD 3-</b>	Type of Document photocopy of certificate of Ordination as a Deacon		By whom issued and signed LDS Church, Liberty Ward, J. C. Linford, Clerk		Date issued -----	Date Orig. Entry ordained Dec. 31, 1911
	Date of Birth May 26, 1897	Birth Place Liberty, Idaho Bear Lake County	Full Name of Mother Mary Ann Humphreys		Name of Father James Poulsen	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by gm1 Glenda Larson	Date Filed Nov. 8, 1968

NOV 25 1968



793-202-016-419

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 69-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Leona Blanch Pickett</b>				2. Date (month) (day) (year) Birth <b>July 2 1897</b>	
	3. Color or Race <b>white</b>	4. Sex <b>female</b>	5. Place of Birth <b>Idaho</b>	a. County <b>Cassia</b>	b. City or Town of Birth <b>Marion (mail Oakley)</b>	
FATHER	6. Full Name of Father <b>Oliver Benjamin Pickett</b>				7. State or Country of Father's Birth <b>Utah</b>	
MOTHER	8. Full Maiden Name of Mother <b>Ammar Marcus</b>				9. State or Country of Mother's Birth <b>Louisiana</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Leona Blanch Pickett</i>		11. Present Address of Registrant <b>2154 Overland, Burley, Idaho</b>
NOTARY (Seal)	Subscribed and sworn to before me on <b>February 12, 1969</b>			12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <b>Feb. 20, 1970</b>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Insurance Policy #9 365 818</b>		By whom issued and signed <b>New York Life Ins. Co.</b>	Date issued <b>Feb. 9, 1926</b>	Date Orig. Entry <b>Jan. 30, 1926</b>
	Date of Birth <b>July 2, 1897</b>	Birth Place <b>Oakley, Idaho</b>	Full Name of Mother <b>----</b>	Name of Father <b>----</b>	
SUPPORTING RECORD 2-	Type of Document <b>LDS Church Certificate of Birth</b>		By whom issued and signed <b>LDS Church, Marion Ward, rec. children blessed line 84</b>	Date issued <b>Feb. 10, 1964</b>	Date Orig. Entry <b>Aug. 1, 1897</b>
	Date of Birth <b>July 2, 1897</b>	Birth Place <b>Marion, Cassia County, Idaho</b>	Full Name of Mother <b>Ammar Marcus</b>	Name of Father <b>Oliver Pickett</b>	
SUPPORTING RECORD 3-	Type of Document <b>Affidavit by uncle (bd. 9-22-1885)</b>		By whom issued and signed <b>Eugene Pickett</b>	Date issued <b>Feb. 12, 1969</b>	Date Orig. Entry <b>----</b>
	Date of Birth <b>July 2, 1897</b>	Birth Place <b>Marion (Oakley) Cassia Co., Idaho</b>	Full Name of Mother <b>Ammar Marcus Pickett</b>	Name of Father <b>Oliver B. Pickett</b>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <b>Glenda Larson</b>
	Date Filed <b>Feb. 18, 1969</b>




Hall - Pickett

FEB 19 1969

419-205-030-236

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 69=736

<b>REGISTERED</b> (P) (B) (R) <b>NOTARIAL PUBLIC</b> <b>MARCELLA C. BOYLE</b> NOTARY PUBLIC - SALT LAKE COUNTY My Commission Expires August 13, 1972	1. Registrant's Full Name at Birth				2. Date (month) (day) (year)	
	Alvena Marron				Birth October 5, 1897	
	3. Color or Race	4. Sex	5. Place of Birth	a. County	b. City or Town of Birth	
	White	Female	Idaho	Lemhi	Salmon	
<b>AFFIDAVIT</b> 	6. Full Name of Father				7. State or Country of Father's Birth	
	Frank Marron				California	
<b>NOTARY</b>	8. Full Maiden Name of Mother				9. State or Country of Mother's Birth	
	Henrietta Stobie				Missouri	
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Alvena Marron</i>		11. Present Address of Registrant 2165-35th St. Sacramento, Calif.
Subscribed and sworn to before me on Sept. 19, 1969				12. Signature of Notary <i>Marcella C. Boyle</i>		13. Notary Commission expires August 13, 1972

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	photocopy of application for social security #540 09 2812		Social Security Adm.		----	Dec. 3, 1936
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Oct. 5, 1897	Salmon, Idaho	Henrietta Stobie		Frank Marron	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	notarized photocopy of page from family Bible		Family Bible Record		Sep. 19, 1969	obviously old
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Oct. 5, 1897	----	----		----	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Insurance Policy #431757		Constitution Life Ins. Co.		Apr. 30, 1958	Apr. 30, 1958
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Oct. 5, 1897	Salmon, Idaho	----		---	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by Glenda Larson	Date Filed Dec. 2, 1969

DEC 2 1969

1969-1970

869-113-015-314

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. D669-790

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>MILTON LAY HORSLEY</u>				2. Date (month) (day) (year) Of Birth <u>DEC, 13 - 1897</u>	
	3. Color or Race <u>MALE</u>	4. Sex <u>MALE</u>	5. Place of Birth <u>SODA SPRINGS CARIBOU</u>	6. County <u>SODA SPRINGS</u>	7. State or Country of Father's Birth <u>NEPHI - UTAH - USA</u>	
FATHER	6. Full Name of Father <u>THOMAS HERBERT HORSLEY</u>				7. State or Country of Father's Birth <u>NEPHI - UTAH - USA</u>	
MOTHER	8. Full Maiden Name of Mother <u>LOUISA LAY</u>				9. State or Country of Mother's Birth <u>PROVIDENCE, UTAH - USA</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Milton S. Horsley</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>December 9 1969</u>				11. Present Address of Registrant <u>BOISE - IDAHO</u>	
	12. Signature of Notary <u>Elaine Reed</u>				13. Notary Commission expires <u>January 27 1970</u>	

## APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Beneficial Life Insurance Co.</u>		By whom issued and signed <u>Beneficial Life Insurance</u>		Date issued <u>June 12, 64</u>	Date Orig. Entry
	Date of Birth <u>Dec. 13, 1897</u>	Birth Place <u>Soda Springs, Ida.</u>	Full Name of Mother <u>Louise Lay</u>		Name of Father <u>Thomas Herbert Horsley</u>	
SUPPORTING RECORD 2.	Type of Document <u>Statement by Doctor</u>		By whom issued and signed <u>W. D. Forney, M. D.</u>		Date issued <u>-----</u>	Date Orig. Entry <u>1961</u>
	Date of Birth <u>Dec. 13, 1897</u>	Birth Place <u>Soda Springs, Ida.</u>	Full Name of Mother <u>Louise Lay</u>		Name of Father <u>Thomas Herbert Horsley</u>	
SUPPORTING RECORD 3.	Type of Document <u>Drivers License Idaho</u>		By whom issued and signed <u>Idaho Motor Vehicle (663466)</u>		Date issued <u>12-9-1968</u>	Date Orig. Entry
	Date of Birth <u>12-13-1897</u>	Birth Place <u>-----</u>	Full Name of Mother <u>-----</u>		Name of Father <u>-----</u>	

QUALIFYING  
INFORMATIONREGISTRAR'S  
CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar  
W. W. Benson

Evidence reviewed by  
Hazel Hurlbert

Date Filed  
Dec. 9, 1969

Se-69-790

3 DOCUMENTS DEC 9 1969

5 YRS OLD -

3527 Federal way 20

Legislator  
Gov. Samuelson sent him over

766-201-022-613

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 70-169

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Mary Magdalene <del>Tullmer</del> Pfof.</i>				2. Date (month) (day) (year) Of Birth <i>September 1 1897</i>	
	3. Color or Race <i>W</i>	4. Sex <i>F</i>	5. Place of Birth <i>Idaho</i>		a. County <i>Fremont</i>	
FATHER	6. Full Name of Father <i>Fredric Pfof</i>				7. State or Country of Father's Birth <i>Germany</i>	
MOTHER	8. Full Maiden Name of Mother <i>Christina Walz</i>				9. State or Country of Mother's Birth <i>Germany</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mary M. Tullmer</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Jan. 27 1970</i>				11. Present Address of Registrant <i>Blackfoot Idaho</i>	
					12. Signature of Notary <i>Melvin Wilcox</i>	
					13. Notary Commission expires <i>Nov. 1 1972</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Federal Census Record		By whom issued and signed U.S. Department of Commerce Bureau of the Census		Date Issued Feb. 16, 1970	Date Orig. Entry June 1, 1900
	Date of Birth Sept. 1897	Birth Place Idaho	Full Name of Mother ---		Name of Father ---	
SUPPORTING RECORD 2-	Type of Document Own child's birth certificate		By whom issued and signed On file Idaho #74634		Date issued ----	Date Orig. Entry child born Nov. 26, 1919
	Date of Birth Age: 22	Birth Place Idaho	Full Name of Mother ---		Name of Father ----	
SUPPORTING RECORD 3-	Type of Document Patriarchal Blessing		By whom issued and signed Alexander Leatham Patriarch		Date issued Apr. 2, 1916	Date Orig. Entry Apr. 2, 1916
	Date of Birth Sept. 1, 1897	Birth Place Hibbard, Idaho Fremont County	Full Name of Mother Christina Walz Pfof		Name of Father Fredrich Pfof	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>[Signature]</i>	Evidence reviewed by Glenda Larson
	Date Filed March 2, 1970

*Fulmer*

MAR 3 1970



# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 70-405

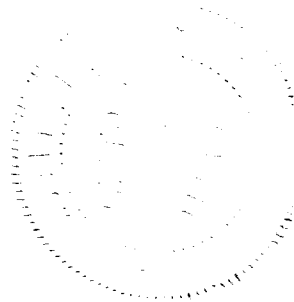
<b>REGISTRANT</b> (Person whose birth is being registered)	1. Registrant's Full Name at Birth <b>ANNA MAY PAIGE</b>		2. Date (month) (day) (year) Of Birth <b>September 27, 1897</b>	
<b>FATHER</b>	3. Color or Race <b>W</b>	4. Sex <b>F</b>	5. Place of Birth <b>Nezperce</b>	a. County <b>Lewis</b>
<b>MOTHER</b>	6. Full Name of Father <b>Manford Herman Paige</b>		b. City or Town of Birth <b>Nezperce (Idaho)</b>	
<b>AFFIDAVIT</b>	8. Full Maiden Name of Mother <b>Eva Nutt</b>		7. State or Country of Father's Birth <b>Iowa</b>	
<b>NOTARY (Seal)</b>	9. State or Country of Mother's Birth <b>Iowa</b>		10. Signature of Registrant <i>Anna M. Leggat</i>	
	11. Present Address of Registrant <b>1905 No. 12th Street, Boise, Idaho</b>		12. Signature of Notary <i>J. M. Leggat</i>	
	13. Notary Commission expires <b>September 1, 1973</b>			
<b>APPLICANT - DO NOT WRITE BELOW THIS LINE</b>				
<b>SUPPORTING RECORD 1.</b>	Type of Document <b>Own child's birth certificate</b>		By whom issued and signed <b>on file - # 116936 - Idaho</b>	
	Date of Birth <b>Age 26</b>	Birth Place <b>Nezperce, Idaho</b>	Full Name of Mother <b>-----</b>	
			Name of Father <b>-----</b>	
<b>SUPPORTING RECORD 2.</b>	Type of Document <b>(at time of birth) Affidavit by neighbor Age 94</b>		By whom issued and signed <b>Eric O. Rost</b>	
	Date of Birth <b>Sept. 27, 1897</b>	Birth Place <b>Nezperce, Idaho</b>	Full Name of Mother <b>Manford H. Paige</b>	
			Name of Father <b>Eva M. Paige</b>	
<b>SUPPORTING RECORD 3.</b>	Type of Document <b>School Transcript</b>		By whom issued and signed <b>Northern Idaho College</b>	
	Date of Birth <b>Sept. 27, 1897</b>	Birth Place <b>Nezperce, Idaho</b>	Full Name of Mother <b>-----</b>	
			Name of Father <b>-----</b>	
<b>QUALIFYING INFORMATION</b>				
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <b>W. W. Benson</b>		Evidence reviewed by <b>Florence Curtright</b>	
			Date Filed <b>June 1, 1970</b>	



Anna Leggat

1905 - No 12th  
Brice, Idaho

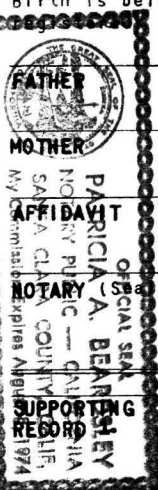
JUN 2 1970



819-224-033-767

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, IdahoDELAYED CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. De 71-045

	<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Martha Lenora Harris</i>			2. Date (month) (day) (year) Of Birth <i>Sept. 24 1897</i>		
	3. Color or Race <i>White</i>			4. Sex <i>F</i>	5. Place of Birth a. County <i>Salem Idaho</i>		b. City or Town of Birth
	6. Full Name of Father <i>Bernice Rawlings Harris</i>				7. State or Country of Father's Birth <i>Pleasant Grove Utah</i>		
	8. Full Maiden Name of Mother <i>Martha Ann Fogg</i>				9. State or Country of Mother's Birth <i>Smithfield Utah</i>		
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>LaMonah H. Nicholson</i>		11. Present Address of Registrant <i>724 Oak Creek Dr. Salt Lake City, Utah</i>
Subscribed and sworn to before me on <i>January 11 1971</i>				12. Signature of Notary <i>Patricia A. Beardsley</i>		13. Notary Commission expires <i>August 8 1974</i>	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document photocopy of church certificate of birth	By whom issued and signed LDS Church, Bannock Stake, Salem ward members #23953	Date issued Jan. 7, 1971	Date Orig. Entry Nov. 7, 1897
	Date of Birth Sep. 24, 1897	Birth Place Salem, Idaho	Full Name of Mother Ann M. Fogg	
SUPPORTING RECORD 2-	Type of Document photocopy of affidavit by father	By whom issued and signed Bernice R. Harris	Date issued ----	Date Orig. Entry May 20, 1953
	Date of Birth Sep. 24, 1897	Birth Place Salem, Idaho	Full Name of Mother Martha Ann Fogg Harris	
SUPPORTING RECORD 3-	Type of Document photocopy of own child's birth certificate #3299	By whom issued and signed child born in Salt Lake County, Utah	Date issued ----	Date Orig. Entry Aug. 27, 1925
	Date of Birth Age: 27	Birth Place Salem, Idaho	Full Name of Mother ---	

## QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION  
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
State Registrar <i>W. L. Benson</i>	Evidence reviewed by Glenda Larson
Date Filed January 14, 1971	

Y. L. L. L.

JAN 14 1971

493129-022-415

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.: DE 71-576

<b>REGISTRANT</b> (Seal) BOJOK OFFICIAL SEAL COUNTY OF SACRAMENTO My Commission Expires August 16, 1972	1. Registrant's Full Name at Birth			2. Date (month) (day) (year) Of Birth April 29 1897		
	3. Color or Race White	4. Sex Male	5. Place of Birth Idaho	a. County Fremont	b. City or Town of Birth St. Anthony	
	6. Full Name of Father Bert Henry Miller			7. State or Country of Father's Birth Utah ( St. George )		
	8. Full Maiden Name of Mother Rose Elizabeth Davis			9. State or Country of Mother's Birth Nebraska ( Decatur )		
<b>AFFIDAVIT</b> (Seal) NOTARY PUBLIC My Commission Expires August 16, 1972	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Joseph L. Larson</i>		11. Present Address of Registrant 2846 Corabel Lane Sacramento, California
	Subscribed and sworn to before me on <i>May 21</i> 19 <i>1968</i>			12. Signature of Notary <i>Glenda Larson</i>		13. Notary Commission expires <i>August 16</i> 19 <i>1972</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document #10827 photocopy of statement regarding selective Service Reg.		By whom issued and signed F.W. Spearman, Lt. Col., AUS, Adm. officer, Sacramento, CA LB#101		Date issued May 21, 1968	Date Orig. Entry Feb. 14, 1942
	Date of Birth Apr. 29, 1897	Birth Place St. Anthony, Idaho	Full Name of Mother ---		Name of Father ---	
SUPPORTING RECORD 2.	Type of Document photocopy of Discharge Certificate		By whom issued and signed U.S. Marine Corps. Henry L. Larsen, Major, Asst. Adjutant		Date issued Aug. 14, 1919	Date Orig. Entry May 24, 1918
	Date of Birth Apr. 29, 1897	Birth Place St. Anthony, Idaho	Full Name of Mother ---		Name of Father ---	
SUPPORTING RECORD 3.	Type of Document photocopy of school record		By whom issued and signed Joint School Dist. #215 Fremont & Madison Counties		Date issued Feb. 25, 1966	Date Orig. Entry Sept. 1907
	Date of Birth Age: 10	Birth Place ----	Full Name of Mother ---		Name of Father Mr. Bert H. Miller	

### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. L. Benson</i>	Evidence reviewed by gm1 fc Glenda Larson	Date Filed August 4, 1971

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141-106-021-666

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 72-023

<b>REGISTRANT</b> (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lavere Adams			2. Date Of Birth September 6, 1897	
	3. Color or Race	4. Sex Male	5. Place of Birth a. County Franklin	b. City or Town of Birth Preston	
<b>FATHER</b>	6. Full Name of Father Job Adams			7. State or Country of Father's Birth UTAH	
<b>MOTHER</b>	8. Full Maiden Name of Mother Amanda Woolf			9. State or Country of Mother's Birth UTAH	
<b>AFFIDAVIT</b>	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lavere Adams</i>	
<b>NOTARY (Seal)</b>	11. Present Address of Registrant rte 1 - Rathdrum, Idaho			12. Signature of Notary <i>[Signature]</i>	
	13. Notary Commission expires 7 - 30 1972				
<b>APPLICANT - DO NOT WRITE BELOW THIS LINE</b>					
<b>SUPPORTING RECORD 1-</b>	Type of Document Official Personnel Action		By whom issued and signed Navy Dept., A.L. Shephard, Civilian Personnel Officer		Date issued Dec. 29, 1950
	Date of Birth Sept. 6, 1897	Birth Place -----	Full Name of Mother -----		Date Orig. Entry Dec. 29, 1950
<b>SUPPORTING RECORD 2-</b>	Type of Document Affidavit by aunt		By whom issued and signed Amanda Sabry Anderson (bd. 11/24/1884)		Date issued Dec. 18, 1971
	Date of Birth Sep. 6, 1897	Birth Place Preston, Idaho	Full Name of Mother Amanda Woolf Adams		Date Orig. Entry -----
<b>SUPPORTING RECORD 3-</b>	Type of Document notary's statement & copies of pages from family book		By whom issued and signed Ancestors & Descendants of Elias Adams: The Pioneer		Date issued Dec. 20, 1971
	Date of Birth Sep. 6, 1897	Birth Place Preston, Idaho	Full Name of Mother Amanda (Woolf) Adams		Date Orig. Entry published in 1929
<b>QUALIFYING INFORMATION</b>	Name of Father Job Adams		Name of Father JOB (Joshua-Elias) Adams		
<b>REGISTRAR'S CERTIFICATION</b> (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>[Signature]</i>		Evidence reviewed by gm1 Glenda Larson		Date Filed Jan. 14, 1972

**JAN 14 1972**

245-122-004-254

STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 73-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Anthony Ulrich Kunz</i>				2. Date (month) (day) (year) Of Birth <i>Sept 22 1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Bern</i>	a. County <i>Bear Lake</i>	b. City or Town of Birth <i>Bern</i>		
FATHER	6. Full Name of Father <i>Christian Kunz</i>				7. State or Country of Father's Birth <i>Switzerland</i>		
MOTHER	8. Full Maiden Name of Mother <i>Caroline Beuhler</i>				9. State or Country of Mother's Birth <i>Switzerland</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Anthony Kunz</i>		11. Present Address of Registrant <i>Bern Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 10 1973</i>				12. Signature of Notary <i>Norma Lee Peltier</i>		13. Notary Commission expires <i>Dec 22 1976</i>

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Certified copy of application for license to marry #36083		By whom issued and signed Bear Lake County, Idaho		Date issued July 9, 1973	Date Orig. Entry Sep. 5, 1931
	Date of Birth Sep. 22, 1897	Birth Place Bern, Idaho	Full Name of Mother Caroline Beuhler		Name of Father Christian Kunz	
SUPPORTING RECORD 2-	Type of Document Affidavit by person present at time of birth		By whom issued and signed Seth N. Kunz (Age: 88)		Date issued July 6, 1973	Date Orig. Entry ---
	Date of Birth Sep. 22, 1897	Birth Place Bern, Idaho	Full Name of Mother Carolina Buhler		Name of Father Christian Kunz	
SUPPORTING RECORD 3-	Type of Document certified statement regarding microfilm records		By whom issued and signed Bear Lake Branch, Genealogical Library #79, Montpelier, ID		Date issued July 6, 1973	Date Orig. Entry (1876 - 1907)*
	Date of Birth Sep. 22, 1897	Birth Place Bear Lake County Bern, Idaho	Full Name of Mother Caroline		Name of Father Christian Kunz	

QUALIFYING INFORMATION  
\*item extracted from the "Record of Members and Priesthood and Children Blessed #1 (The birth entries were made at the time of the event on this record.) Bernice D. Pendrey, Librarian. two entrys #120 page 20 and #44 page 82.

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>Janet M. Ullick</i>	Evidence reviewed by Glenda Larson	Date Filed July 23, 1973



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# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 73-466

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>David Loyl Bush</b>			2. Date (month) (day) (year) Of Birth <b>September 2, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Male</b>	5. Place of Birth a. County <b>Oneida</b>		b. City or Town of Birth <b>Malad</b>
FATHER	6. Full Name of Father <b>Robert T. Bush</b>			7. State or Country of Father's Birth <b>Malad, Idaho</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Williams</b>			9. State or Country of Mother's Birth <b>California</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>David Loyl Bush</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Sept 27</i> 1973			11. Present Address of Registrant <i>4515 Kootenai Boise 266</i>	
				12. Signature of Notary <i>John T. Perry</i>	
				13. Notary Commission expires <i>July 18</i> 1974	

SUPPORTING RECORD 1.	Type of Document <b>Own child's birth certificate</b>		By whom issued and signed <b>On file Vital Statistics, Idaho #108103</b>		Date issued	Date Orig. Entry <b>Nov. 6, 1922</b>
	Date of Birth <b>Age 25</b>	Birth Place <b>Malad, Idaho</b>	Full Name of Mother <b>---</b>		Name of Father <b>---</b>	
SUPPORTING RECORD 2.	Type of Document <b>Insurance Policy # 1143817</b>		By whom issued and signed <b>Occidental Life Insurance Co. A. Connolly-Registrar</b>		Date issued <b>Mar. 1, 1936</b>	Date Orig. Entry <b>-----</b>
	Date of Birth <b>Sept 2, 1897</b>	Birth Place <b>Malad, Idaho</b>	Full Name of Mother <b>-----</b>		Name of Father <b>-----</b>	
SUPPORTING RECORD 3.	Type of Document <b>Church Record</b>		By whom issued and signed <b>L.D.S. Church - Boise Ward</b>		Date issued <b>July 27, 73</b>	Date Orig. Entry <b>Baptized Aug. 5, 1916</b>
	Date of Birth <b>Sept. 2, 1897</b>	Birth Place <b>Malad, Idaho</b>	Full Name of Mother <b>Mary Williams</b>		Name of Father <b>Robert T. Bush</b>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <b>Janet M. Wick</b>	Evidence reviewed by <b>ses sl Florence Curtright</b>	Date Filed <b>July 27, 1973</b>

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STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 73-762

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Paul Jones</i>			2. Date (month) (day) (year) Birth <i>Jan.</i> <i>31</i> <i>1897</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth at home a. County <i>Boise, Idaho</i> <i>IDA</i>			
FATHER	6. Full Name of Father <i>Thomas Joseph Jones</i>			7. State or Country of Father's Birth <i>Scranton Penn.</i>		
MOTHER	8. Full Maiden Name of Mother <i>Mary Winifred Cullen</i>			9. State or Country of Mother's Birth <i>St Louis Missouri</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>* Paul Jones</i>		11. Present Address of Registrant <i>1012 - W. 11th St.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>December 28 1973</i>			12. Signature of Notary <i>Nancy K Novotny</i>		13. Notary Commission expires <i>7-18-76</i> 19__

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Baptismal Certificate</i>		By whom issued and signed <i>S t. John's Cathedral</i>	Date Issued <i>12/28/1973</i>	Date Orig. Entry <i>2/17/1897</i>
	Date of Birth <i>1/31/1897</i>	Birth Place <i>Home in Boise</i>	Full Name of Mother <i>Winifred (Cullen) Jones</i>	Name of Father <i>Thomas Joseph Jones</i>	
SUPPORTING RECORD 2-	Type of Document <i>VA Form 9-336</i>		By whom issued and signed <i>Veteran's Administration</i>	Date issued <i>2/16/1962</i>	Date Orig. Entry <i>2/16/1962</i>
	Date of Birth <i>1/31/1897</i>	Birth Place <i>-----</i>	Full Name of Mother <i>Winifred (Cullen) Jones</i>	Name of Father <i>Thomas Joseph Jones</i>	
SUPPORTING RECORD 3-	Type of Document <i>Personal Diary</i>		By whom issued and signed <i>1968 by self.</i>	Date issued <i>1968</i>	Date Orig. Entry <i>1968</i>
	Date of Birth <i>1/31/1897</i>	Birth Place <i>Home in Boise</i>	Full Name of Mother <i>Winifred (Cullen) Jones</i>	Name of Father <i>Thomas Joseph Jones</i>	

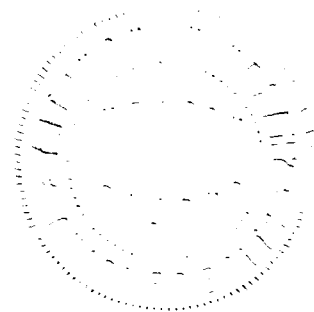
### QUALIFYING INFORMATION

### REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>Janet M. Wick</i>	Evidence reviewed by <i>Florence Curtright</i>	Date Filed <i>December 31, 1973</i>
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STATE BOARD OF HEALTH  
Division of Vital Statistics  
Boise, Idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE75-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <b>Jeneve Pearl Parker</b>				2. Date of Birth (month) (day) (year) <b>May 21, 1897</b>	
	3. Color or Race <b>White</b>	4. Sex <b>Female</b>	5. Place of Birth <b>Madison</b>	6. City or Town of Birth <b>Hibbard</b>		
FATHER	6. Full Name of Father <b>Fredrick Albion Parker</b>				7. State or Country of Father's Birth <b>Salt Lake City, Utah</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mary Thomas</b>				9. State or Country of Mother's Birth <b>Wales</b>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Jeneve Hemming</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Feb. 3</i> 1975				11. Present Address of Registrant <i>Boise Idaho 3003 Overlook Rd.</i>	
					12. Signature of Notary <i>"Sue" Nora Lowe</i>	
					13. Notary Commission expires <i>Sept. 18</i> 1977	

## APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <b>Church Record</b>		By whom issued and signed <b>LDS Church</b>		Date issued -----	Date Orig. Entry <b>Baptized Mar. 6, 1905</b>
	Date of Birth <b>May 21, 1897</b>	Birth Place <b>Hibbard, Idaho</b>	Full Name of Mother <b>Mary Thomas</b>		Name of Father <b>Fredrick Albion Parker</b>	
SUPPORTING RECORD 2-	Type of Document <b>Lodge Memborship Application</b>		By whom issued and signed <b>Society of Daughter of Utah Pioneers</b>		Date issued -----	Date Orig. Entry <b>Jan. 9, 1953</b>
	Date of Birth <b>May 21, 1897</b>	Birth Place -----	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 3-	Type of Document <b>Own childs birth certificate</b>		By whom issued and signed <b>State of Idaho File # 149982</b>		Date issued -----	Date Orig. Entry <b>Child born Feb. 9, 1927</b>
	Date of Birth <b>Age 29 yrs</b>	Birth Place <b>Idaho</b>	Full Name of Mother -----		Name of Father -----	

## QUALIFYING INFORMATION

## REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>Janet M. Wick</i>	Evidence reviewed by <b>"Sue" Nora Lowe</b>	Date Filed <b>Feb. 3, 1975</b>
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FEB 3 1975

